

DELAWARE STATE MEDICAL JOURNAL

Issued Monthly Under the Supervision of the Publication Committee
Owned and Published by the Medical Society of Delaware

VOLUME 14
NUMBER 4

APRIL, 1942

Per Year \$2.00
Per Copy 20c

PROCUREMENT AND ASSIGNMENT SERVICE FOR PHYSICIANS, DEN- TISTS AND VETERINARIANS

Office of Defense Health and Welfare Services

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Address all communications to Procurement and Assignment Service, 601 Pennsylvania Ave., Washington, D. C.

PREFACE

The Directing Board of the Procurement and Assignment Service, through the Committee on Information, has drawn up the following information regarding the organization and functions of the Procurement and Assignment Service. This pamphlet is designed to answer questions which may arise in the minds of individual physicians, dentists and veterinarians concerning the activities of the Procurement and Assignment Service.

In the appendices are complete lists of various cooperating committees and agencies that should be consulted with regard to matters of policy pertaining to their offices.

The corps area officers and the state chairmen in the respective professions will be available for consultation and advice.

For the Directing Board.

S. F. SEELEY, M. D., Lt.-Col., M. C., U. S. Army,
Executive Officer,
Procurement and Assignment Service.

HISTORY

The Procurement and Assignment Service was authorized by the President on October 30, 1941. The creation of this agency resulted from a recommendation from the Subcommittee on Education to the Health and Medical Committee of the Office of Defense, Health and Welfare Services on March 31, 1941. Following a meeting of the Health and Medical Committee on April 28, this recommendation was transmitted to the Committee on Medical Preparedness of the American Medical Association for its consideration. The latter committee presented the recommendation to the House of Delegates of the American Medical Association, which resolved:

That the United States government be urged to plan and arrange immediately for the establishment of a central authority with representatives of the civilian medical profession to be known as the Procurement and Assignment Agency for physicians for the Army, Navy and Public Health Service and for the civilian and industrial needs of the nation.

On October 22, 1941, the Health and Medical Committee named a commission to draft a plan for development of such a service. As a result of the meeting of this commission, it was recommended that an office for procurement and assignment of physicians, dentists and veterinarians should be established, that the office should be a part of the Office of Defense Health and Welfare Services and that the function of the office should

be to procure personnel from existing qualified members of the professions concerned. The Procurement and Assignment Services, through the facilities of the Office of Defense, Health and Welfare Services, would have available the fiscal budgetary, legal and advisory departments of a well-established governmental agency. The concluding paragraphs of its report are as follows:

For this reason a special commission, appointed by the Health and Medical Committee of the Office of Defense Health and Welfare Services has made the following recommendations:

1. That an Office of Procurement and Assignment of physicians, dentists and veterinarians be established.

2. That this office shall function as part of the Office of Defense, Health and Welfare Services, which is itself a part of the Office for Emergency Management.

3. The function of this office shall be to procure personnel from existing qualified members of the professions concerned. The office shall receive from various governmental and other agencies requests for medical, dental and veterinary personnel. These requests shall indicate the number of men desired, the time during which they must be secured, the qualifications and limitations placed on such personnel. The office must then by appropriate mechanism arrange to secure lists of professional personnel available to meet these requirements, utilizing such existing rosters, public and private, as it may find acceptable. It shall also be authorized to approach such professional personnel as is considered to be available and to use suitable means to stimulate voluntary enrolment.

4. The Office of Procurement and Assignment shall consist of a board of five members, one of whom shall be chairman. This board shall be chosen from members of the medical, dental or veterinary profession and shall not include any salaried employees of the federal government. This board shall function without salary but shall be entitled to actual and necessary transportation, subsistence and other expenses incidental to the performance of its duties.

5. The board shall appoint an executive secretary who shall serve also as executive officer and who shall be without vote in its deliberations and decisions. He shall serve as a full-time employee with salary (to be determined) and with such assistants as the board may determine necessary to carry out its functions.

6. The board shall be authorized to establish such advisory committees and subcommittees as may be necessary. These committees shall represent the various interests concerned, such as medical, dental and veterinary schools, hospitals, negro physicians and women physicians. Members of such committees shall serve without salary but shall be entitled to actual and necessary transportation, subsistence and other expenses incidental to the performance of their duties.

7. The board shall also be authorized to request various agencies of the government using medical, dental and veterinary personnel to appoint liaison officers and representatives to advise the board in carrying out its functions.

8. In carrying out its functions the board shall cooperate with such agencies as are now established under the Selective Service as well as other federal agencies.

On October 30, 1941, the following letter to the President from the Director of Defense Health and Welfare Services was approved by the President and constitutes the authority under which the Procurement and Assignment Service operates:

October 30, 1941.

My Dear Mr. President:

The coordination of the various demands made on the medical, dental and veterinary personnel of the nation and the most efficient utilization of this personnel would seem to require the establishment of a special agency capable of recording the qualified personnel available, of assigning or encouraging enlistment of such personnel in the services where most needed and of giving every qualified physician, dentist and veterinarian an opportunity to enroll himself in some service demanded by the national need.

For these reasons I wish to propose that there be established as one of the principal subdivisions of the Office of Defense Health and Welfare Services an office for the pro-

curement and assignment of physicians, dentists and veterinarians. This office would be known as the Procurement and Assignment Agency.

The functions of the agency would be (1) to receive from various governmental and other agencies, requests for medical, dental and veterinary personnel, (2) to secure and maintain lists of professional personnel available, showing detailed qualifications of such personnel, and (3) to utilize all suitable means to stimulate voluntary enrolment, having due regard for the over-all public health needs of the nation, including those of governmental agencies and civilian institutions.

The agency would consist of a board of five members, one of whom would serve as chairman. The board would serve without salary but would be entitled to actual and necessary transportation, subsistence and other expenses incidental to the performance of its duties.

A full-time executive officer (with salary to be determined) would be appointed, together with such assistants as would be required to carry out the functions of the Agency.

I recommend that the board be composed of Dr. Frank Lahey, chairman; Dr. James Paullin, Dr. Harvey B. Stone, Dr. Harold S. Diehl and Dr. C. Willard Camalier.

This communication is addressed to you in accordance with provisions contained in paragraph 4 of the Executive Order, dated Sept. 8, 1941, "Establishing the Office of Defense Health and Welfare Services in the Executive Office of the President and Defining Its Functions and Duties," to the effect that the President shall approve the establishment of the principal subdivisions of the Office of Defense Health and Welfare Services and the appointment of the heads thereof.

In the event you approve the establishment of the Procurement and Assignment Agency, together with the board membership as recommended, I shall proceed immediately with the creation of the agency and will prepare

budget estimates in the amount of approximately \$50,000 for submission to the Budget Bureau to cover the costs of the agency.

In addition I would propose to instruct the Agency to draft legislation which may be necessary to submit to the Congress providing for the involuntary recruitment of medical, dental and veterinary personnel, in the event the exigencies of the national emergency appear to require it.

Sincerely yours,

PAUL V. McNUTT,
Director.

Approved

FRANKLIN D. ROOSEVELT.

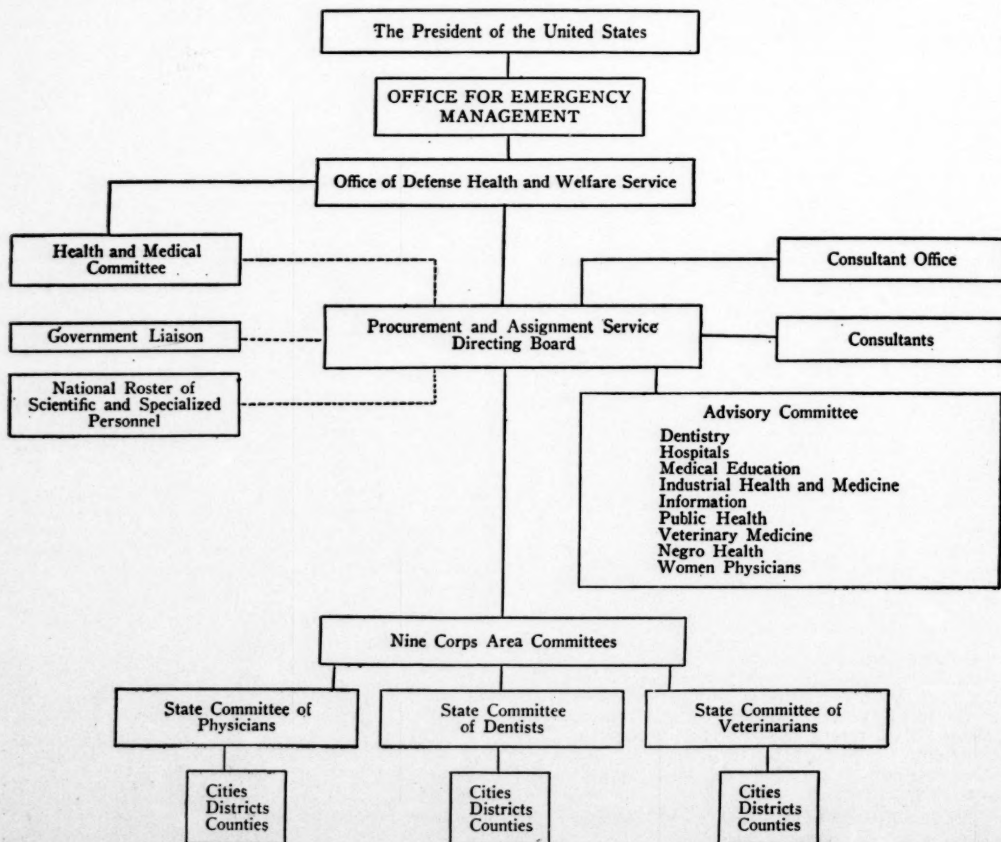
This letter was approved by the President, October 30, 1941, and the Procurement and Assignment Service was organized accordingly.

LOCATION OF OFFICES

Central Office—The accompanying chart shows the organization of the Procurement and Assignment Service. The executive officer is Sam F. Seeley, M. D., M. C., U. S. Army. The central office is located at 601 Pennsylvania Avenue, N. W., Washington, D. C. To facilitate correspondence, all communications should be addressed to the central office.

Consultant Office—A consultant office has been established in the headquarters of the American Medical Association, 535 North Dearborn Street, Chicago, under the supervision of Dr. R. G. Leland, where special information regarding phy-

ORGANIZATION OF THE PROCUREMENT AND ASSIGNMENT SERVICE



sicians is maintained. Similar information regarding dentists is available at the headquarters of the American Dental Association, 212 East Superior Street, Chicago, and regarding veterinarians at the headquarters of the American Veterinary Medical Association, 600 South Michigan Avenue, Chicago. These facts include those supplied directly to the organizations concerned, the classifications developed by the special committees of the Division of Medical Sciences of the National Research Council and confidential information supplied by other agencies.

Corps Area Committees—In each of the nine Army Corps areas, a committee has been established. Each corps area committee includes a chairman, two physicians chosen from the general medical profession, a dentist chosen from the general dental profession, a representative of medical education, a representative of dental education, a representative chosen from the veterinary profession and a representative of the hospitals. These committees are advisory to the Procurement and Assignment Service in reference to questions relating to personnel and are part of the field organization of the Office of Defense Health and Welfare Services. The chairman of each of these committees acts in a liaison capacity to the corps area surgeons, and representatives of the Office of Civilian Defense, the Selective Service System in the corresponding corps areas. Liaison between the Procurement and Assignment Service and the Bureau of Medicine and Surgery, Navy Department, is maintained directly through the Executive Officer and a representative of the Bureau.

The following is a list of the nine corps area chairmen and the states in each corps area:

First Corps Area—Chairman, Dr. W. G. Phippen, 31 Chestnut Street, Salem, Mass. States comprising corps area: Connecticut, Maine, New Hampshire, Rhode Island, Massachusetts, Vermont.

Second Corps Area—Chairman, Dr. A. W. Booth, 222 West Church Street, Elmira, N. Y. States comprising corps area: Delaware, New Jersey, New York.

Third Corps Area—Chairman, Dr. A. M. Shipley, University Hospital, Baltimore. States comprising corps area: Maryland, Pennsylvania, Virginia, District of Columbia.

Fourth Corps Area—Chairman, Dr. Edgar Greene, 478 Peachtree Street N. E., Atlanta, Ga. States comprising corps area: Alabama, Florida, Georgia, Louisiana, Mississippi, Tennessee, South Carolina, North Carolina.

Fifth Corps Area—Chairman, Dr. E. L. Henderson, 606 S. 4th Street, Louisville, Ky. States comprising corps area: Indiana, Kentucky, Ohio, West Virginia.

Sixth Corps Area—Chairman, Dr. Charles Phifer, 30 North Michigan Avenue, Chicago. States comprising corps area: Illinois, Wisconsin, Michigan.

Seventh Corps Area—Chairman, Dr. Roy W. Fouts, 107 S. 17th Street, Omaha. States comprising corps area: Arkansas, Iowa, Kansas, Minnesota, Missouri, Nebraska, South Dakota, North Dakota, Wyoming.

Eighth Corps Area—Chairman, Dr. Sam E. Thompson, Kerrville, Texas. States comprising corps area: Arizona, New Mexico, Oklahoma, Texas, Colorado.

Ninth Corps Area—Chairman, Dr. Charles A. Dukes, 426 17th Street, Oakland, Calif. States comprising corps area: California, Idaho, Montana, Nevada, Oregon, Utah, Washington.

State Chairmen and State Committees—The state chairmen and the state committees are advisory to the corps area committees and to the central office. To the state committees and also to the county, district and local committees will be referred especially questions concerning the essential character of such services as a physician, dentist or veterinarian may be rendering, thus determining his availability. They will also familiarize themselves with the functions of the Procurement and Assignment Service and thus be able to advise those in their community concerning its work.

THE NATIONAL ROSTER

The National Roster of Scientific and Specialized Personnel was created by Executive action

in July of 1940 as an office within the Executive Office of the President to be jointly supervised by the National Resources Planning Board and the United States Civil Service Commission. Two primary functions were assigned to the Roster: first, the formulation of as complete a list as possible of all of the United States scientifically and professionally trained citizens; and, second, the development of proper procedures for the most effective utilization of the skills of these citizens in connection with defense and other governmental and national needs. In pursuance of this directive, the Roster has established a completely analytical punch card list of the names, locations, and qualifications of the country's specially trained individuals in more than fifty strategic scientific and professional fields. Because of the fact that the American Medical Association was engaged in developing its own roster, the National Roster did not undertake to include any but a small specialized group of the general medical profession. It became necessary therefore to work out an agreement of cooperation between the National Roster and the Procurement and Assignment Service so that the latter could have the benefit of the Roster's experience and facilities in maintaining up to date lists of physicians, dentists and veterinarians. By special action of the boards of trustees of the American Medical Association, the American Dental Association and the American Veterinary Medical Association, all punch card files in the possession of these associations were made available to the National Roster.

By these joint efforts, the Procurement and Assignment Service will have available in the National Roster at Washington complete records of all material submitted by the professions. The professions in turn will have the benefit of material collected through the roster for their own punch card files at their national headquarters.

A consultant committee to the National Roster for medicine includes Drs. Morris Fishbein, R. G. Leland and Olin West.

INFORMATION UTILIZED IN THE PROCUREMENT AND ASSIGNMENT SERVICE

Questionnaire—American Medical Association: Beginning in June, 1940, the American Medical Association circulated a questionnaire to the physicians of the country. The information from the questionnaire was tabulated in a punch card system which has been made available to the National Roster. Additional information concerning physicians was developed by the Division of Medical Sciences of the National Research Council and other cooperating agencies.

American Dental Association: The American Dental Association has circulated a questionnaire to all dentists. The information thus secured has been placed in a punch card system in the headquarters of the American Dental Association and also made available to the National Roster. The information in the headquarters of the American Dental Association is supplemented by information secured from cooperating agencies.

American Veterinary Medical Association: Through cooperation between the American Veterinary Medical Association and the National Roster, a punch card system covering the veterinary medical profession will be available in the National Roster and in the Headquarters of the American Veterinary Medical Association.

Following the declaration of war, December 8, 1941, other questionnaires were immediately circulated with a view to securing lists of names of physicians who would offer their services for

immediate utilization in the emergency. Since the supply of dentists and veterinarians was at this time adequate to meet the needs of the armed forces, additional enrolment forms were circulated only to physicians. As a result of this procedure the immediate needs of the armed forces were satisfied.

SPECIAL ENROLMENT FORM AND QUESTIONNAIRE FOR PROCUREMENT AND ASSIGNMENT SERVICE

The Procurement and Assignment Service, co-operating with the National Roster of Scientific and Specialized Personnel, has prepared special questionnaires for circulation to every physician, dentist and veterinarian in the United States. This questionnaire will come directly to all physicians, dentists and veterinarians as soon as possible after the National Registration on February 16, 1942. *Every physician, dentist and veterinarian, regardless of age, sex, physical condition, citizenship or employment, should fill out and return the enrolment form and the questionnaire.* Those physicians, dentists and veterinarians who have been commissioned in any United States service previous to the receipt of the enrolment form and questionnaire should so indicate under the heading "remarks" on the enrolment form.

The original questionnaire and enrolment forms previously circulated by the American Medical Association, the American Dental Association and the American Veterinary Medical Association are being utilized to meet requisitions from the armed services and other agencies, until the National Roster is complete and the Procurement and Assignment Service is working routinely. The additional information secured by the special questionnaire now to be described will bring up to date the facts necessary to place each physician, dentist and veterinarian in the work for which he is best qualified.

Roster Questionnaire.—The questionnaire, as developed, includes space on which the physician, dentist or veterinarian will supply the usual data regarding name, address, date and place of birth, citizenship, marital status, race and sex, school of graduation, previous military service in the United States or in the armed forces of other countries, membership in the reserve corps or commissions in any branch of government service. Any additional information regarding special aptitudes, such as knowledge of aviation, radio or cryptanalysis, which might be of value, knowledge of foreign languages and foreign travel will also be included. Again, it should be emphasized, this information is sought to supplement information previously supplied on questionnaires. It is recognized that the status of any physician, dentist or veterinarian may have changed materially since the time when previous questionnaires were submitted. The new questionnaire will also be tabulated in a special punch card system which will be coordinated with the punch card systems previously mentioned.

In the new questionnaire, opportunity is also given to state in detail appointments held in various local, industrial, state or governmental agencies, in civil practice, and in education and research. Specialization is recognized by appropriate designations which coordinate with certification of specialists by the certifying boards and also with appointments on the staffs of hospitals and other indications of special practice.

The method of practice, whether individual, in partnership or in groups, is indicated. Finally an opportunity is given to every physician, den-

tist and veterinarian to indicate his preference as to the type of service which he will be capable of rendering to the United States during the war.

The Enrolment Form.—On the enrolment form which comes with the questionnaire the physician, dentist or veterinarian voluntarily enrolls himself with the Procurement and Assignment Service. He indicates his first, second, third and fourth preferences of the military, governmental, industrial or civil categories that may require his assistance.

Announcement will be made repeatedly in medical, dental and veterinary medical publications of the time when the circulation of the enrolment form and the questionnaire begins. When you receive your enrolment form and questionnaire, PLEASE ACT PROMPTLY. Those who fail to receive an enrolment form and questionnaire are requested to write to the National Roster of Scientific and Specialized Personnel, 916 G Street, N. W., Washington, D. C., within six weeks after announcement has been made that the circulation has begun.

CERTIFICATE AND INSIGNIA

Physicians, dentists and veterinarians who enroll with the Procurement and Assignment Service will receive a numbered certificate indicating that they have made themselves available and will be privileged to wear insignia indicating that such enrolment has been made.

PROCEDURE TO MEET PRESENT NEEDS

The present Army and Navy needs are for physicians under 36 years of age. Those under 36 desiring immediate commission may write now to the Procurement and Assignment Service, 601 Pennsylvania Avenue, N. W., Washington, D. C. Their letters will be treated as applications and those who are qualified will receive proper application forms with view of commission in the Army or the Navy. All physicians over 36 and all dentists and veterinarians should await the receipt of the enrolment forms.

METHODS OF ACTION OF THE PROCUREMENT AND ASSIGNMENT SERVICE

By authority of the President, the Procurement and Assignment Service receives requests for personnel from the following governmental agencies:

MEDICAL

United States Army Medical Corps.
United States Navy Medical Corps.
United States Public Health Service.
United States Veterans Administration.
United States Civil Service Agencies.
St. Elizabeth's Hospital (Washington, D. C.), Resident Staff and Interns only.
United States Indian Service.
Panama Canal Service.
Office of Civilian Defense (full time).

DENTAL

United States Army Dental Corps.
United States Navy Dental Corps.
United States Public Health Service.
United States Veterans Administration.
United States Indian Service.
Panama Canal Service.
Office of Civilian Defense

VETERINARY

United States Army Veterinary Corps.
United States Navy Hospital Corps Specialists.
United States Public Health Service.
United States Bureau of Animal Industry.
Federal Extension Service.
State Extension Service.
United States Department of Agriculture Marketing Service.
War Department (Federal Civil Service Status—not Army).
Federal Agricultural Experiment Stations.

The Procurement and Assignment Service is also charged with the stimulation of voluntary enrolment, having due regard for the over-all health needs of the nation, including the personnel of civilian institutions.

When a request is received from a federal agency for medical, dental or veterinary personnel, the names of those who are qualified to meet the specifications established by the requisitioning agency, who are available and who have indicated by enrolling with the Procurement and Assignment Service, their willingness to apply for a commission or employment are supplied by the National Roster, utilizing the punch card system previously described. These names are arranged in lists by states. A copy of each list is forwarded to the Consultant Office of physicians, dentists or veterinarians respectively, where each is made more accurate by the elimination of the names of those who do not qualify in view of the special information held in the Consultant Office. These lists are then referred to the state chairmen, who make a decision as to the immediate availability of the physicians, dentists or veterinarians concerned. Such a step is necessary because the availability of the individual may have changed in the period between the return of the official questionnaire in March, 1942, and the time when the physician, dentist, or veterinarian is notified of the need for his services. The lists are then forwarded by the state chairmen to the Procurement and Assignment Service in Washington.

From these lists the central office obtains the names of those individuals who have thus been found qualified and available.

PHYSICIANS, DENTISTS OR VETERINARIANS FOR THE UNITED STATES ARMY MEDICAL DEPARTMENT

The procedure with reference to supplying personnel to the United States Army Medical Department is governed by the following letter of instruction sent out by the Adjutant General's Office to all corps area and department commanders on January 21, 1942:

WAR DEPARTMENT The Adjutant General's Office Washington

January 21, 1942.

Subject: Procurement of Officers for Medical Department, Army of the United States.

To: All Corps Area and Department Commanders.

1. Letter from this office dated Feb. 3, 1941, file AG, 381 (8-13-40) R-A, subject: "Assistance of the American Medical Association in the classification and procurement of physicians for military service," is rescinded.

2. There has been established under the Office for Emergency Management, Office of Defense Health and Welfare Services, a Procurement and Assignment Service to coordinate the procurement of physicians, dentists and veterinarians for all governmental, industrial and civilian requirements.

3. In order to expedite appointments in the Medical Corps, Dental Corps and Veterinary Corps, Army of the United States, the following procedure will govern the processing of all applications:

(a) All individual inquiries for information concerning a commission or offers to serve as a medical, dental or veterinary officer should be acknowledged by the headquarters receiving the communication and the communication itself forwarded by endorsement to the Executive Officer, Procurement and Assignment Service, Office of Defense Health and Welfare Services, Social Security Building, Washington, D. C.

(b) The Procurement and Assignment Service will supply to individual applicants who are eligible and qualified for appointment the required forms (WD AGO Form No. 170, "Application for Appointment and Statement of Preferences for Reserve Officers," in duplicate, and WD AGO Form No. 178 and 178-2, both in duplicate) together with a request on the surgeon of the nearest Army post for a final type physical examination. Each request for final type physical examination authorized by the Procurement and Assignment Service will be honored by surgeons of Army posts. Application forms and supporting papers, except the

report of physical examination, will be returned by the applicant to the Procurement and Assignment Service; the report of physical examination (WD AGO Form No. 63) will be forwarded by the surgeon of the station at which the examination was conducted, direct to the Surgeon General.

(c) The completed applications and supporting papers, except report of physical examination, will be transmitted by the Procurement and Assignment Service to the Surgeon General together with a statement by that service derived from its files and regarding eligibility of the applicant for appointment in the Medical, Dental and Veterinary Corps, Army of the United States, as prescribed by current Army regulations. The Procurement and Assignment Service will also furnish the Surgeon General with the professional classification and evaluation of the applicant as determined from the recent nation-wide survey made by the Committee on Medical Preparedness of the American Medical Association.

(d) The Surgeon General will forward such completed applications to the Adjutant General as prescribed in paragraph 10 (4), Army Regulations No. 605-10, and inform the Procurement and Assignment Service of action recommended.

4. No change in the present procedure for the appointment of graduates of medical units of the Reserve Officers' Training Corps in the Medical Corps Reserve or for appointment in the Army or the United States of physicians and dentists for affiliated units, of junior and senior students in medical schools in the Medical, Administrative Corps, Army of the United States, or of graduates of such schools who are to be appointed in the Medical Corps, Army of the United States, on graduation.

5. When the applications for appointment have been approved the Adjutant General will notify the applicant direct of his appointment with instructions as to proper completion of oath of office and finger print card and return of such forms direct to the Adjutant General. When the oath of office has been received by the Adjutant General, the Surgeon General and the Executive Officer, Procurement and Assignment Service of the Office of Defense Health and Welfare Services, Office for Emergency Management, Washington, D. C., will be notified.

By order of the Secretary of War.

(Note: Address now 601 Pennsylvania Avenue N. W., Washington, D. C.)

In summary, the procedure is as follows:

1. The Surgeon General requisitions needed personnel from the Central Office of Procurement and Assignment Service.
2. The National Roster prepares an appropriate list of names from the National Roster of Scientific and Specialized Personnel.
3. The National Roster sets aside the cards from the file of those available.
4. This list is forwarded to the Consultant Office, Procurement and Assignment Service.
5. The Consultant Office forwards the names to the chairmen of relevant state committees of the Procurement and Assignment Service.
6. These chairmen forward to the central office the lists they received, with names of unavailable (essential) persons indicated.
7. The Central Office mails application forms and authority for physical examination to the qualified and available proposed applicants.
8. Each applicant applies for "final type" physical examination at the nearest Army post.
9. The examiner sends the report to the Surgeon General's Office.
10. The applicant returns his completed application blank and supporting papers direct to the Central Office of the Procurement and Assignment Service.
11. The central office forwards the application form and the supporting papers direct to the Surgeon General.
12. The Surgeon General's Office joins the completed application blank, supporting papers and the corresponding report of physical examination.
13. The Surgeon General's Office determines whether or not to recommend the applicant to the Adjutant General on the basis of physical and professional qualifications.
14. The Adjutant General notifies the applicant that he has or has not been appointed.
15. The Central Office of the Procurement and Assignment Service is notified whether the ap-

plicant has been, or has not been, appointed.

16. The names of those not commissioned are again placed in the file of the National Roster so that the persons affected may be available for other service.

NOTE.—After the applicant has sent his application form and supporting papers to the Central Office of the Procurement and Assignment Service, he may expect his further correspondence to be carried on with the Surgeon General's Office or the Adjutant General's Office.

PROVISION OF PHYSICIANS AND DENTISTS FOR THE UNITED STATES NAVY MEDICAL AND DENTAL CORPS

When a request is received from the United States Navy Medical or Dental Corps for personnel, the same procedure will be followed in securing lists of names as has already been described in the previous section regarding the provision of personnel for the Army. The list of names received from the state chairman will then be forwarded by the Procurement and Assignment Service to the Bureau of Medicine and Surgery, Navy Department, Washington, D. C. The Bureau of Medicine and Surgery will then conduct negotiations with the physicians and dentists concerned through the commandants of their respective naval districts. Should a physician or dentist apply directly to a naval commandant for commission in the United States Naval Medical or Dental Corps, the procedure outlined in the following letter from the Bureau of Medicine and Surgery to the commandants of all naval districts, dated February 3, 1942, prevails:

February 3, 1942.

From: The Chief of the Bureau of Medicine and Surgery.
To: The Commandant, All Naval Districts.
Subject: Status of Procurement and Assignment Service for Physicians, Dentists and Veterinarians in connection with recruitment of medical and dental officers for the U. S. Naval Reserve.

1. The Secretary of the Navy has approved the recommendations of the Chief of the Bureau of Medicine and Surgery whereby the services of the "Procurement and Assignment Service, of the Defense Health and Welfare Services," an organization recently created by the President, may be utilized by the Navy in facilitating the recruitment of medical and dental officers for the U. S. Naval Reserve.

2. The primary function of the above-mentioned service as pertains to the Navy is to furnish information which indicates certain applicants for appointment in the Medical and Dental Corps of the Naval Reserve either do or do not occupy positions in civil life which are considered essential to the national defense, to the proper functioning of medical and dental schools or whose acceptance of appointments in the Naval Reserve would jeopardize the health and welfare of a local community, such as removing the only qualified orthopedic surgeon from a community composed practically entirely of miners or workers in a factory producing materials essential to the government.

The furnishing of such information to the commandants, before investigation of an applicant, would be of distinct advantage in that the number of investigations would be materially reduced and, in the case of applicants considered essential or holding civilian appointments connected with national defense, need not be accomplished.

3. In this connection, the following procedure is suggested with the request that it be executed by the District Medical Officer on all applications received after Feb. 16, 1942:

(a) Whenever a physician or dentist makes application for appointment, four copies of the enclosed form are to be immediately filled out and the original and two copies forwarded to the Bureau of Medicine and Surgery. It is desired these forms be forwarded when the first contact is made in any given case, without waiting for the applicant to return his completed application.

(b) The Bureau of Medicine and Surgery will retain one copy and send the original and one copy to the Executive Secretary of the Procurement and Assignment Service.

(c) When the Executive Secretary of the Procurement and Assignment Service has placed his endorsement thereon, he will return both copies to the commandant concerned.

(d) If the candidate is not cleared, both copies should be forwarded by the commandant to the Bureau of Medicine and Surgery and the candidate informed by the commandant his application cannot be accepted in view of the action of the Procurement and Assignment Service. The Bureau of Medicine and Surgery will make the second endorsement, retain the original and forward the copy to the Executive Officer of the Procurement and Assignment Service.

(e) If the candidate is cleared, both the original and the copy of the form should be forwarded to the Bureau of Navigation with the application. After final action is taken the Bureau of Medicine and Surgery will make the second endorsement, retain the original and forward the copy to the Executive Officer of the Procurement and Assignment Service.

(f) About fifty copies of the form adaptable for this purpose are enclosed to serve as a sample of others to be mimeographed or printed locally.

ROSS T. MCINTIRE.

In summary, the procedures for Navy procurement are as follows:

1. The Bureau of Medicine and Surgery requisitions personnel from the central office of the Procurement and Assignment Service.

2. An appropriate list of names is prepared from the National Roster of Scientific and Specialized Personnel.

3. The National Roster sets aside the cards bearing these names from the file of those available.

4. The list is forwarded to the Consultant Office, Procurement and Assignment Service.

5. The Consultant Office forwards the names to the chairmen of relevant state committees of the Procurement and Assignment Service.

6. These chairmen forward to the central office the lists they received, with names of unavailable (essential) persons indicated.

7. The central office forwards the names of qualified and available persons to the Bureau of Medicine and Surgery.

8. The Bureau of Medicine and Surgery conducts the subsequent negotiations with the proposed applicants.

9. The Bureau of Medicine and Surgery notifies the central office of the Procurement and Assignment Service which applicants have been and which have not been appointed.

10. The names of those not commissioned are again placed in the file of the National Roster, so that the persons affected may be available for other services.

When an applicant applies directly to any Army installation for commission in the Army Medical or Dental or Veterinary Corps, he is referred to the Procurement and Assignment Service. When an applicant applies to any Naval Commandant for commission in the U. S. Medical or Dental Corps, his application is sent to the Bureau of Medicine and Surgery and such names are cleared through the Procurement and Assignment Service before the commissions are granted.

UNITED STATES PUBLIC HEALTH SERVICE

The Surgeon General of the United States Public Health Service has issued the following circular to all District Directors and Medical Officers in Charge concerning new appointment procedure for physicians and dentists:

February 14, 1942.

1. The Procurement and Assignment Service within the Office of Defense Health and Welfare Services has the responsibility for assisting in the procurement and assignment of physicians and dentists in such manner as to best serve the over-all health and medical needs of the country. It is essential that the personnel policy of the Public Health Service be consistent with the major purposes of the Procurement and Assignment Service.

2. It is desired that applications be solicited from qualified physicians and dentists for commission in the reserve corps of the U. S. Public Health Service. The expansion of the reserve corps of the Public Health Service is necessary to serve two major purposes:

(a) The creation of a pool of qualified public health personnel to safeguard essential civilian health services and at the same time to be available for immediate, though temporary, active duty in the event of some major public health emergency.

(b) The procurement of sufficient numbers of qualified physicians and dentists to enable the Public Health Service to carry on its normal and wartime activities.

3. In order to serve these two major purposes, it will

be necessary to recruit into the reserve of the Public Health Service physicians and dentists who come within the two following categories:

(a) Those who are now engaged in public health work and who by reason of special training and experience occupy strategic positions in their present civilian capacities. Such personnel would be expected to remain on inactive status with the Public Health Service, except in the event of a major disaster, in which case they would be subject to immediate, though temporary, active duty.

(b) Those who are professionally qualified and also available for immediate active duty in the Public Health Service for such periods of time as the exigencies of the service may determine.

4. Applications from physicians and dentists relating to commissions in the reserve of the Public Health Service will be processed in the following manner: On receipt of an application by the office of the Surgeon General, the application forms and all supporting papers, including the report of physical examination, will be transmitted with a definite recommendation of the Surgeon General to the Procurement and Assignment Service. The Procurement and Assignment Service will in turn certify to the Surgeon General as to the availability of the individual for appointment. In the case of public health personnel occupying strategic positions in civilian posts, the criterion of availability for commission would rest largely upon the fact that the individual occupies a strategic position, and therefore should remain as long as practicable on an inactive status. In the case of personnel to be called to immediate active duty, the criterion of availability would be based upon the ability of the community to spare the services of the individual. Upon receipt from the Procurement and Assignment Service of notice of clearance, indicating that the applicant is available for a commission in the reserve of the Public Health Service, the appointment will be completed in the usual manner.

5. The above procedure does not apply to the recruiting of individuals for the regular corps of the Public Health Service, or to the appointment of interns or doctors certified by the Civil Service Commission, or to the appointment of sanitary engineer officers in the reserve.

6. When the Public Health Service is without acceptable applications from physicians and dentists for filling vacancies, the Surgeon General will request the Procurement and Assignment Service for the names and qualifications of persons available to fill such vacancies. When decision has been reached as to the selection or nonselection of such persons, the Surgeon General will advise the Procurement and Assignment Service.

7. The Procurement and Assignment Service has given its endorsement to the procedure outlined above.

THOMAS PARRAN,
Surgeon General.

Approved:

PAUL V. MCNUTT,
Administrator.

UNITED STATES CIVIL SERVICE COMMISSION

In accordance with the recommendation of the Medical Director, the United States Civil Service Commission has approved a procedure in connection with the recruitment of qualified persons whereby the Commission will cooperate with the Procurement and Assignment Service and deal directly with this service in its recruitment program:

1. The necessary application forms, all properly executed, are to be filed by the applicant with the United States Civil Service Commission at Washington, D. C. Information concerning necessary qualifications is to be obtained from the announcement of the examination. Application forms and announcements may be obtained from the United States Civil Service Commission, Washington, D. C.

2. Applications received under announcements of examinations for physicians dentists and veterinarians will be rated by the United States Civil Service Commission.

3. The names of those applicants who have received an eligible rating will be submitted to the Procurement and Assignment Service, with the view of determining whether or not such applicants are essential in their present positions and localities.

4. The names of those persons who have been designated by the Procurement and Assignment Service as being essential in their present positions and localities will not be certified and such persons will be notified by the United States Civil Service Commission that they cannot be certified in view of the action taken by the Procurement and Assignment Service.

5. The names of those persons who have been designated as non-essential will be certified in routine manner to fill the personnel needs of the various government agencies under civil service rules and regulations.

MEDICAL, DENTAL AND VETERINARY EDUCATION

To meet the needs of the nation for a continuing supply of trained medical, dental and veterinary personnel for the armed forces and for civilian needs, and to maintain the standards of

education which have prevailed in these fields, the medical, dental and veterinary professions initiated an effort as far back as 1940 to provide for deferment of students in qualified medical, dental and veterinary schools from induction under the provisions of the Selective Service acts. Through the cooperation of the Director of Selective Service, the following memorandums now prevail:

Deferments of Professional Students and Instructors.—The Selective Service System, Washington, D. C., on January 12, 1942, issued the following supplement to Memoranda (I-62), (I-91), (I-99) and (I-150) Occupational Deferment of Engineering, Chemical, Physics, Medical, Dental Students and Instructors (III):

The attention of local boards is again invited to the necessity of seriously considering for deferment students in certain specialized professional fields in which dangerously low levels of manpower are found to exist. This memorandum is in addition to and does not rescind those previously issued which apply to students in other critical fields.

Subsequent to the declaration of war, local Selective Service agencies have in many instances proceeded to classify registrants without regard to the fact that they are in training or preparation for activities the maintenance of which is essential to the national health, safety or interest and war production. This is particularly true in cases of engineering, chemical, physics, medical and dental students.

Admittedly there is an overlapping of the military and civilian requirements of a nation at war; however, it must be borne in mind that the one is dependent on the other. It is estimated that the expanding army will eventually require doctors and dentists in numbers heretofore unknown. They will not be available if those students who show reasonable promise of becoming doctors and dentists are inducted prior to becoming eligible for commissions.

War industries are undergoing a hitherto unknown expansion. Aeronautical, civil, electrical, chemical, mining, metallurgical, mechanical and radio engineers together with physicists and chemists are essential to insure a sufficient flow of material for the armed forces, and industry must look to the engineering, mechanical and physics students now in training to meet their present and future requirements.

It is equally important that instructors in these fields be seriously considered for occupational deferment. Shortages of qualified instructors are known to exist. The educational institution employing the instructor should be requested to file DSS Form 42A in all cases in which deferment is sought.

In considering student deferment cases, certain local boards are requiring the execution of DSS Form 42A in addition to the affidavit of the college or university contained in Bulletin No. 10 issued by the American Council on Education. DSS Form 42A should not be required when the American Council on Education affidavit has been submitted.

Local boards will be informed when the manpower requirements necessary to the national health, safety or interest and war production become static. Until such time, the policy set forth in the Memoranda to All State Directors I-62, I-91, I-99 and I-150 remains in force.

LEWIS B. HERSHEY, Director.

All students holding letters of acceptance from deans for admission to dental and veterinary colleges and all students of good academic standing in these colleges should present letters or have letters presented for them by their deans to their local boards of the Selective Service System. All pre-medical students who have letters of acceptance from deans for admission to medical colleges but who have not actually matriculated should present these letters. This step is necessary in order to be considered for deferment in class II-A as a medical, dental or veterinary student. If local boards classify such students in class I-A, they should immediately notify their deans and, if necessary, exercise rights of appeal to their local boards of appeals. If, after exhausting such rights of appeal, further consideration is necessary, request for further appeal may be made to the state directors and if necessary to the national director of the Selective Service System. These officers have the power to take appeals to the President.

On January 28, 1942, the following memorandum (I-363) was released by the Director of Selective Service to all state directors of the Selective Service System:

OCCUPATIONAL DEFERMENTS OF MEDICAL DOCTORS, DENTISTS AND DOCTORS OF VETERINARY MEDICINE

Information previously distributed by this headquarters clearly indicates an over-all shortage of medical doctors, dentists and doctors of veterinary medicine in the nation. Since war was declared, the shortage of these professional men has become acute. It is now manifest that every qualified doctor, dentist and veterinarian must serve where he can render the greatest professional service to the nation.

In order to accomplish this purpose, the President, by Executive Order, has formed the Procurement and Assignment Service, under the Office of Defense Health and Welfare Service. This Service was formed primarily for the purpose of gathering and making available information with respect to the supply of qualified practitioners in the fields of medicine, dentistry and veterinary medicine, with a view of securing the most effective allocation of medical manpower as indicated by the requirements of the armed forces, civilian needs and industrial medicine.

To work with the headquarters of this Service in Washington, there is being organized a committee for each Corps Area in the Continental United States. Each committee will consist of five doctors, two dentists and one veterinarian. The committees have been accepted as advisers to the nine Corps Area Surgeons, to the Naval District Surgeons and to the Regional Medical Officers of the Office of Civilian Defense and will operate not only through the subdivisions of the medical, dental and veterinary association but also with the profession at large in securing information and giving advice.

When considering the classification of any registrant who is a qualified medical doctor, dentist, or doctor of veterinary medicine, the Director of Selective Service desires that local boards, through the State Director, shall consult the Procurement and Assignment Committee of the Corps Area for information as to the availability of qualified medical doctors, dentists and doctors of veterinary medicine in the community. This information shall be considered by the local board in determining the registrant's classification. The Executive Order referred to in no way affects the authority of the Selective Service System to classify registrants. The procedure has been established for the purpose of making such information available to local boards.

For the convenience of the State Director and the local boards, the names and addresses of the Chairmen of the Nine Corps area committees of the Procurement and Assignment Service are listed:

First Corps Area: Dr. W. G. Phippen, Salem, Mass.
 Second Corps Area: Dr. A. W. Booth, Elmira, N. Y.
 Third Corps Area: Dr. A. M. Shipley, Baltimore, Md.
 Fourth Corps Area: Dr. Edgar Greene, Atlanta, Ga.
 Fifth Corps Area: Dr. E. L. Henderson, Louisville, Ky.
 Sixth Corps Area: Dr. Charles H. Phifer, Chicago, Ill.
 Seventh Corps Area: Dr. Roy W. Fouts, Omaha, Neb.
 Eighth Corps Area: Dr. Sam E. Thompson, Kerrville, Texas.
 Ninth Corps Area: Dr. Charles A. Dukes, Oakland, Calif.
 LEWIS B. HERSHEY, Director.

DEFERMENT FOR STUDENTS

The Secretary of the Navy recently approved a change in Navy regulations whereby it is now possible for persons who have been accepted for entrance in the next entering class and all medical students in class A medical colleges and approved dental colleges to be appointed in the United States Naval Reserve with the commission Ensign H-V (P), provided they meet the physical and other requirements for such appointment. It should be noted that this applies not only for persons holding letters of acceptance and freshmen and sophomore students in these medical and dental schools but also juniors and seniors.

The Secretary of War has recently approved a change in Army Regulations which authorizes the commission as Second Lieutenant, Medical Administrative Corps, Army of the United States, of all students in class A medical colleges and to those persons who have matriculated in these colleges, providing they meet the physical and other requirements for such appointment. It should be noted that this opportunity includes freshmen and sophomores as well as juniors and seniors.

For commission in the Navy, application forms may be obtained from the dean's office or from some one designated by him, or from the commandant of the naval district in which the ap-

plicant resides. Further information may be obtained from the office of the commandant of any naval district.

For commission in the Army, applications should be made through the office of the dean to the corps area surgeon of the corps area in which the applicant resides.

Students of the Medical Reserve Officers' Training Corps should continue as before, with a view of obtaining commissions as First Lieutenant, Medical Reserve Corps, on graduation.

Students who hold commissions come under the jurisdiction of the Army and Navy authorities and are not subject to induction under the Selective Service acts. The Army and Navy authorities will defer calling these officers to active duty until they have completed their medical education.

All students who are disqualified physically for commissions should apply for deferment in accordance with the instructions already referred to.

RECENT GRADUATES

After successful completion of his medical college course every individual holding commission as Second Lieutenant, Medical Administrative Corps, Army of the United States, should make immediate application to the Adjutant General, United States Army, Washington, D. C., for appointment as First Lieutenant, Medical or Dental Corps, Army of the United States. Every individual holding commission as Ensign H-V (P), U. S. Naval Reserve, should make immediate application to the commandant of his naval district for commission as Lieutenant (j. g.), Medical or Dental Corps Reserve, U. S. Navy. If appointment is desired in the grade of Lieutenant (j. g.) in the regular Medical Corps or Dental Corps of the U. S. Navy, applications should be made to the Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

The Public Health Service contacts senior and junior medical students for the purpose of interesting the students in applying for positions as interns, following the successful completion of the school year. In addition the students that are accepted are offered commissions in the reserve, to be inactive during the period of their internship and to become active following the successful completion of their internship.

TWELVE MONTHS INTERNS

All interns should apply for commissions as First Lieutenant, Medical or Dental Corps, Army of the United States, or as Lieutenant (j. g.), United States Navy or Naval Reserve. After completion of twelve months' internship, except in rare instances in which the necessity of continuation as a member of the staff or as a resident can be defended by the institution, all who are physically fit may be required to enter military service. Those commissioned may then expect to enter military service in their professional capacity as medical or dental officers.

HOSPITAL STAFF MEMBERS

Interns with more than twelve months of internship, assistant residents, fellows, residents, junior staff members and staff members under the age of 45 fall within the provisions of the Selective Service acts.

All such men holding Army commissions are subject to call at any time. Temporary deferment is possible if an application made by the institution to the Adjutant General of the United States Army certifying that the individual is temporarily indispensable is approved.

All such men holding Naval Reserve Commissions are subject to call at any time, at the discretion of the Secretary of the Navy. Temporary deferments are granted only on approval of applications made by the institution to the Surgeon General of the Navy.

THOSE UNDER 45

All male physicians, dentists or veterinarians under 45 are liable for military service. That their services may be utilized in a professional capacity as officers, they should be made available through the facilities of the Procurement and Assignment Service. Wherever possible, their present position in civil life should be filled, or provisions made for filling their positions, if necessary, by (a) those who are over 45, (b) those under 45 who are physically disqualified for military service, (c) women and (d) instructors and those engaged in research who do not possess M. D., D. D. S. or D. V. M. degrees but whose utilization would make available physicians, dentists or veterinarians for military service.

THOSE OVER 45

All physicians, dentists or veterinarians over 45 should enroll with the Procurement and Assignment Service. Every possible effort will be made to retain those who are essential in their present capacities. Those who are available for assignment to military, governmental, industrial or civil agencies may be asked by the Procurement Service to serve those agencies.

MAINTAINING EDUCATIONAL, INDUSTRIAL AND CIVILIAN MEDICAL, DENTAL AND VETERINARY SERVICES

Faculties of Schools.—Authorities in medical, dental and veterinary schools have forwarded lists to the Procurement and Assignment Service containing the names of members of their faculties who are considered essential to a proper continuation of medical, dental and veterinary education. These lists will be consulted in determining those who are considered essential. Should the status of any individual listed as essential for teaching be changed, the Procurement and Assignment Service should be immediately notified by the college authorities.

Research.—The burden of proof as to the essential character of research set forth as a reason for deferment rests on the individual and the employing institution. Efforts will be made to maintain without interruption the progress of scientific research, particularly that related to the war effort.

Civil Practice.—The Procurement and Assignment Service will do its utmost to maintain a supply of medical, dental and veterinary services for all industrial and civilian needs. Already the state and county medical, dental and veterinary societies, under the direction of state chairmen, are assembling lists of physicians, dentists and veterinarians considered essential in the positions they occupy.

ADVISORY COMMITTEES AND LIAISON OFFICERS

On recommendations of the Directing Board of the Procurement and Assignment Service, the Office of Defense, Health and Welfare Services has appointed the following advisory committees and consultants to the Procurement and Assignment Service: Dentistry, Veterinary Medicine, Hospitals, Women Physicians, Industrial Health and Medicine, Medical Education, Negro Physicians and Public Health.

These committees are advisory to the Directing Board in establishing policies regarding the availability of utilization of personnel in their respective fields.

THE COMMITTEE ON INFORMATION

With its consultants, the Committee on Information is charged with disseminating information to all physicians, dentists and veterinarians and to the public in order that they may be kept informed of the progress of the Procurement and Assignment Service and in order to secure their cooperation in its activities.

LIAISON OFFICERS

Each of the governmental agencies utilizing the services of physicians, dentists and veterinarians has appointed a liaison officer to advise and assist the Procurement and Assignment Service.

SPECIAL INFORMATION

Specialization.—In general, determination as to special qualifications of persons entering the medical services of the Army and Navy depends on the classification of specialists by advisory committees established through the Division of Medical Sciences of the National Research Council and certifications of boards in the various specialties. Moreover, the recommendations of state and county committees and the statements of the individuals on questionnaires will be taken into consideration. On questions of dental and veterinary specialization, the official organization will be consulted.

Citizenship.—Regulations of the United States Army and Navy do not permit the commissioning of officers who are not citizens of the United States. A commission in the United States Navy requires full citizenship for a period of ten years, and the ten-year period to have been spent in the United States. Similarly, all federal agencies utilizing physicians, dentists and veterinarians now demand citizenship as a prerequisite to such enrolment.

Persons who do not possess full citizenship papers but who have been licensed to practice in any of the states of the United States should enroll with the Procurement and Assignment Service so that their services may be utilized when the opportunity arises. They should, however, do their utmost to continue in their efforts to secure citizenship to enable them to qualify for positions that they are not able to fill because of lack of these essentials.

Physicians, dentists or veterinarians who have their first citizenship papers but who do not have a license to practice and who are under the age of 45 come within the provisions of the Selective Service acts and may be inducted in the capacity of enlisted men. When this occurs, these should make known their special capacities, so that their services may be utilized to the fullest extent in the medical departments of the Army and Navy in an enlisted capacity.

College Qualifications.—Commissions in the medical departments of the United States Army and Navy and in federal agencies are granted only to graduates of schools recognized by such agencies. For physicians, twelve months of internship or its equivalent is required.

Those wishing further information concerning the qualifications necessary to appear for examination leading to a commission in the Army or Navy or to service with any other governmental service should apply directly to such agency.

Women Physicians, Dentists and Veterinarians.—The United States Army and Navy do not permit the commissioning of women physicians, dentists or veterinarians. However, all should enroll with the Procurement and Assignment Service so that they may be recommended to such positions as are available in other federal agencies, industry or civilian capacities in which their services may be required.

The needs will no doubt be particularly acute in local, state and national institutions, in teaching and staff positions and in special occupations with the Office of Civilian Defense in the care of women and children under emergency conditions.

Ed. Note—The three appendices are not reprinted here. (Cf *J. A. M. A.*, Feb. 21, 1942, p. 635.) The items therein of interest to Delaware physicians are:

STATE CHAIRMEN IN SECOND CORPS AREA

DELAWARE

Medical—William H. Speer, M. D., 917 Washington St., Wilmington.

Dental—William Stewart, D. D. S., Medical Arts Bldg., Wilmington.

Veterinary—Harry McDaniel, Jr., D. V. M., State Board of Agriculture, Dover.

For Naval Reserve, address:

Commandant, 4th Naval District,
Navy Yard, Philadelphia, Pa.

PROCUREMENT AND ASSIGNMENT

WILLIAM J. CARRINGTON, M. D.,
Seconds Corps Area Committee
Atlantic City, N. J.

Civilian doctors in the United States are bewildered, wondering what is going to happen to them. They ask, "How does the war affect me? Where do I come into the picture? Which comes first, duty to country or duty to wife and children? Father and Mother, who sent me to school, are old and feeble and entirely dependent upon me. Who will take care of them if I go? After all the years of preparation and the long lean years of waiting, I have finally established a practice. My staff position will be kept for me, but what about my private patients? Refugee physicians, who are aliens, are not wanted in the Army. Will they stay at home and lap up the cream of my practice? And what about commitments, the note, the mortgage, the bank loan? Who will pay my insurance premiums? Will my entrance into the war spell financial ruin?"

Let me answer some of these questions at once. First, will my practice remain intact while I am away? Certainly not. The experience of doctors who participated in World War I varied. Good doctors who were good medical officers came back with added prestige and soon built better practices than they had when they went away. No other doctor, no matter how loyal to you, can hold your practice together if you are away for any length of time.

Second, aliens are not acceptable in the Army and Navy Medical Corps, but they are subject to the draft and we have the promise of Washington that not one refugee physician will be permitted to stay at home. Every last one will be sent somewhere on federal business.

Third, commitments. — The Soldiers' and Sailors' Act offers some protection. The Bureau of Legal Medicine of the A. M. A. explained the civil rights of persons in military service in the *Journal of the A. M. A.* of January 24, 1942. In brief, taxes, notes, loans and mortgages are uncollectable for six months after honorable discharge but interest is cumulative.

Fourth, insurance.—A man entering service

may collect, according to the type of insurance and the length of time in force, (a) the cash surrender value of his policies if any; (b) a paid-up policy for less than the face amount of his insurance; (c) extended term insurance for the full amount; (d) he may borrow from the insurance company some of the cash surrender value to pay the premiums; or (e) he may borrow the money at 5 per cent interest from the government to pay the premiums on policies up to \$5000. If he dies within the year, his estate receives \$5000 less the amount of the premium and interest which are paid by the government. Finally, he may take out government insurance up to \$10,000 at minimum rates. Inasmuch as individual cases vary, the sensible procedure is to secure the advice of a qualified life insurance agent.

Every doctor must answer for himself the question whether to volunteer as an officer or be drafted as a private. Certain unpleasant facts bear directly on the answer.

1. This nation is up to its neck in the most desperate war of history. It is an all-out, not a half-out war. It cannot be won by lend-lease billions. It cannot be won by proxy but only by our own fighting men.

2. The government has the power of life and death and will use all doctors, young and old, like knights on a giant chessboard.

3. Our armed forces will require doctors in numbers heretofore unknown. That means 6.5 doctors for each 1000 men. This ratio may be reduced. In the British Army, with troops all over the world, the ratio is 4.2 per 1000, but this they admit is too low. Whatever the ratio, the government has first choice, on the basis of physical fitness, and private practice must do with what is left. Men, tin, oil and rubber are subject to priorities and are rationed out, but doctors, dentists and veterinarians are given the privilege of applying for commissions. No other group has such consideration.

4. At the present time our armed forces are disposed to by-pass graduates of unapproved medical schools, aliens, cultists, doctors with criminal records, women physicians, those over 44 years of age and the physically unfit.

What about standards of physical fitness? Before Pearl Harbor, draftees had to pass rigid tests. Three molars had to oppose three molars and three incisors had to oppose three incisors. Now selectees really ought to have upper and lower gums. Many doctors who volunteered and were rejected for physical reasons, will be passed when they come up before draft and induction boards. When the need for doctors becomes urgent enough, standards of physical fitness will almost disappear. Already this attitude has developed—"Suppose he is color blind, suppose he has but one eye, suppose he has a spot of T. B.—if he can practice medicine at home, he can practice medicine for the federal government, maybe not in the Army but somewhere."

And what about dependents? They are no problem for commissioned line officers. The government figures that salaries of commissioned officers, including doctors, dentists and veterinarians, will take care of dependents.

Before deciding whether to volunteer for a commission or wait for the draft, many want to know how many doctors will be needed. "Will there not be enough without me? How long will it be before I am absolutely needed?"

Those are questions difficult to answer. We know that Congress authorized a Navy personnel of 500,000 and a Marine Corps of 104,000. How near we are to these quotas is a military secret.

We know that at the outbreak of hostilities there were 1800 doctors allotted to the Navy and the Marines. Two thousand two hundred more are now or shortly will be needed. On Jap Sunday, there were 11,500 doctors in our Army of 1,700,000 men. There should have been 12,938 doctors but we were short 1438. A questionnaire was published in the Journal of the American Medical Association and 25,000 M. D.'s up to 85 years of age volunteered. The shortage was made up quickly out of the younger of these volunteers. But what about doctors for the expanding Army? How rapidly will the Army expand? How large will it be? It will expand just as fast as recruits from Selective Service can be trained. We assume that if training soldiers takes a year and if there are cantonments enough to train 2,000,000 men, the Army will demand 13,333 additional doctors in 1942. But there are just about that many in the Medical Bank. The Bank at present contains 13,000 residents and interns who are serving more than one year. Eighty per cent of metropolitan hospitals had intern services longer than one year, but now only one intern year is permitted. Research workers will be deferred only if the research concerns our war effort. Applicants for diplomas in the specialties will work two years and the National Boards will give credit for military service for the rest of the work. While it now appears that 13,000 more doctors will be needed in 1942, this figure is subject to variables. Will the government be content with present facilities or will more camps be built? The President of the U. S. spoke recently of an Army of 8,000,000 men. Such an Army would require 61,538 doctors. In the whole of the United States there are only 62,000 physicians under 45 years of age regardless of physical fitness.

In addition we must obtain medical officers for the Navy, Marine Corps, Public Health, Medical School faculties, Veterans' Bureau, Internal Revenue and Civilian Defense. What is the machinery for obtaining all this medical personnel? Procurement and Assignment has been established under the office of Defense Health and Welfare Service. Its functions are (1) to receive from various government and other agencies requests for medical, dental and veterinarian personnel; (2) to secure and maintain lists of professional personnel available showing detailed qualifications of such personnel, and (3) to utilize all suitable means to stimulate voluntary enrollment, having due regard for the over-all public health needs of the nation, including those of governmental agencies and civilian institutions. Paul V. McNutt, present director, is exceedingly sympathetic toward the medical profession. His Executive Office is Major Sam F. Seeley, a young regular Army officer who served his internship in the Walter Reed Hospital under Dr. Norman Scott. Major Seeley is 39 years of age, a member of the A. M. A. and F. A. C. S. and a graduate of the University of Minnesota. He is alert and on the job. He has about him a Directing Board headed by Dr. Frank Lahey of the Lahey Clinic in Boston and President of the A. M. A. This board prepared a statement which was published in the Journal of the A. M. A. February 21, 1942. They also have prepared a questionnaire which will be sent to every doctor in the U. S. The punch-card index of the A. M. A. already has a lot data covering every one of the 155,000 physicians of this country—age, date of graduation, school, specialty, if any, and whether certified or not. These

data have been loaned to the government. When the new questionnaires are returned, the government will know whether you are married or single, number of dependents, physical fitness or at least your own ideas about your health and whether you regard yourself as essential to civilian needs. If 1000 x-ray men are needed, who are under 45 years of age and who are associated with Class A hospitals, Dr. Leland will turn a crank and out will come their cards.

Specialists will be graded as follows: 1. Top-flight professors. 2. Associates and assistants. 3. Other holders of certificates from the National Boards. 4. Younger men who still do general practice, but who are part-time specialists. As men are taken into the Army, they will be given rank according to their grouping. However, there will be disappointments in the Army's use of specialists. In civilian life 35 per cent of the practice of medicine is done by specialists, but in the Army only 10 per cent. It is inevitable, therefore, that some specialists, even some that are certified, will be assigned work for which they were not specifically trained. At this time roentgenologists, pathologists and psychiatrists are in greatest demand.

Finally, the new questionnaire will ask if you are ready to contribute your war effort and whether you prefer Army, Navy, Public Health or Civilian Defense practice.

Procurement and Assignment is aimed to prevent as many dislocations as possible, particularly in defense areas. There will be more doctors taken from metropolitan areas than from the wheat belt. More will be withdrawn from resorts than from defense production zones. To be specific, Atlantic City will supply more doctors proportionately than Camden and Ocean City more than Wilmington.

Although base hospital units have been and are being taken from medical colleges, Class A schools must be protected so that the annual supply of 6,000 graduates will not only flow as usual but actually will be accelerated. Of the 76 medical schools in the United States, only three have declined to go along with federal acceleration. Students of the Universities of Arkansas, Nebraska and Rochester may have difficulty in being deferred by their draft boards if 16 months of their four years are spent on vacations.

Procurement and Assignment was organized October 31, 1941, by the President of the United States. It consists of the following:

1. A National Directing Board. Chairman, Frank Lahey, M. D. With him are James Paulin, M. D., Harvey Stone, M. D., Harold Diehl, M. D., Willard Camalier, D. D. S. and Lt.-Col. Sam F. Seeley, Executive Officer.

2. Nine Army Corps Area Committees. Delaware, New Jersey and New York make up the Second Corps Area. This committee is composed of Arthur Booth, M. D., Elmira, N. Y., Chairman of the Board of Trustees of the A. M. A.; Col. Samuel Kopetsky, M. D., President of the State Medical Society of New York, and former speaker of the House of Delegates of the A. M. A.; and William J. Carrington, M. D., of Atlantic City.

3. The New Jersey State Chairman is Charles Schlichter, M. D., of Elizabeth. With him are Harold Corbusier, M. D., of Plainfield; LeRoy Wood, M. D., of Newark, and D. B. Allman, M. D., of Atlantic City.

*The Delaware State Chairman is William H. Speer, M. D., of Wilmington. The State Committee is listed on page 67.

Representatives of the State Committee have been appointed in each county. They operate under federal assignments and are not appointed by the county medical societies. The Preparedness Committee of the Medical Society of New Jersey and its county representatives already have classified every doctor in this state. You are listed already as dispensible or indispensable at home. Hospitals are asked to list the members of their staffs who are indispensable. The new questionnaire may make changes in P. and A.'s list, but all those men who regard themselves as essential are not so regarded by Procurement and Assignment. For example, a young doctor in a neighboring county considered himself as indispensable because he had 30 obstetric cases booked for the year. Procurement and Assignment did not allow his claim and he's in the Army now. The criterion of availability of the community to spare the individual and the status changes from time to time. For example, if there are two x-ray men in a community of 60,000, neither is indispensable until the other goes away.

How will all this Procurement and Assignment machinery work? If the armed forces of the United States need orthopedic surgeons, the punch card of John Doe, M. D., may come out. But John Doe is the only orthopedic surgeon near the Hercules Powder Plant of Dover, N. J. The P. and A. representative in Morris County will recommend to Dr. Schlichter, State Chairman, that John Doe be kept at home. If this meets the approval of the State Corps Area and the National Committees, John Doe, M. D., stays at home.

At the present time, P. and A. is interested in the 62,000 M. D.'s of draft age. The Army needs First Lieutenants and Captains. It has plenty of Majors and Colonels. The older men, particularly World War veterans, have volunteered in larger numbers than the younger men. But the Army will call few of these and most of them will be taken in as specialists. General practitioners under 35 years of age probably will be assigned to field forces rather than to hospital staffs, and rotation between field service and hospital work is unlikely. Men who are physically unfit for heavy Army duty will be assigned along with alien physicians to one of the other federal or civilian services, such as the coal mines of West Virginia, the wheat belt of the Dakotas, or the munitions plant yet to be built at Belcoville.

When the questionnaire arrives, you will fill it out, refuse to fill it out or wait a while. I

hope that every member of the medical profession mails his reply the day it is received regardless of age, health or dependents. How you answer the question, "Are you ready to go?" is a question that each individual must decide for himself, but there is no possible escape from some kind of service. The government would only have to make examples of a few cases to break up any effort to shirk responsibilities. If you refuse to sign or put it off, which amounts to the same thing, you will be caught in the draft and your local board may send you into the Army as a private. If you are under 45 years of age, your number will come up before July, 1942. If you are between 45 and 55, your capsule will be drawn after July. The present Selective Service Act affects men up to 55. But there is nothing to prevent the Congress from extending the age limit. It has been done once already and will be done again if necessary. If you are drafted before you have a chance to fill out the questionnaire, appeal and telephone Procurement and Assignment, 31 Clinton Street, Newark, New Jersey, and ask for Dr. Norman Scott. Physicians, dentists, and veterinarians who enroll with P. and A. will be given certificates indicating that they have made themselves available and will be privileged to wear insignia that such enrollment has been made. Some draft boards apparently never have heard of P. and A. but that is being corrected. Your appeal will have the backing of General Hershey, Selective Service and Procurement and Assignment.

If you have had an opportunity to sign up with P. and A. and fail to do so or procrastinate, you not only lose what chance of choice there is but the unfortunate impression may get about that you are trying to evade service. After observing Draft Boards at work for a year, I noted that if there was even the appearance of draft dodging, selective service boards, no matter how fair they tried to be, gave the draftee an extra shove toward Fort Dix. I would not be surprised to see this same psychological reaction in Procurement and Assignment.

If you have a notice of acceptance from P. and A. Service and present such notice to your draft board, you will have no trouble in being deferred to await active duty as a commissioned officer. No physician with an M. D. degree, licensed to practice in any state, will be inducted. He will be assigned, according to his physical capacity, to one of the federal services, industrial work or to a civil assignment, in the capacity of a medical officer.—J. M. S. of N. J., March, 1942.

PAY AND ALLOWANCES IN GOVERNMENT SERVICES

RANK	BASE PAY	DEPENDENTS		No DEPENDENTS		TOTAL—MONTH		TOTAL—YEAR	
		Rent	Sub-sistence	Rent	Sub-sistence	Dependents	Dependents	Dependents	Dependents
Colonel	\$333.33	\$120	\$36	\$80	\$18	\$489.33	\$431.33	\$5,872.00	\$5,176.00
Lieut.-Col.	291.67	120	54	80	18	465.67	389.67	5,588.00	4,676.00
Major	250.00	100	54	60	18	404.00	328.00	4,848.00	3,936.00
Captain	200.00	80	36	60	18	316.00	278.00	3,792.00	3,336.00
1st Lieut.	166.67	60	36	40	18	262.67	224.67	3,152.00	2,696.00

A 10% increase is added to the salaries of men serving in foreign fields. The annual base pay is increased 5% for each 3 years of service. Uniforms and equipment of medical officers entering the Army cost approximately \$200. Officers entering the Navy for the first time receive an allowance of \$250 for uniforms and equipment. Officers pay for their own subsistence and for quarters.

RANK EQUIVALENTS

Army
Colonel
Lt.-Col.
Major
Captain
1st Lieut.

Navy
Captain
Commander
Lt.-Commander
Lt.-Sr. Grade
Lt.-Jr. Grade

U. S. P. H. S.
Med. Director
Sr. Surgeon
Surgeon
Passed Asst. Surg.
Asst. Surg.

PROTECTION OF CIVIL RIGHTS OF PERSONS IN MILITARY SERVICE

(Prepared by the Bureau of Legal Medicine and Legislation)

Designed to protect from impairment the civil rights of all members of the Army, Navy, Marine Corps, Coast Guard, and all members of the United States Public Health Service detailed by proper authority for duty with the Army or Navy, a law was approved by the President, October 17, 1940, commonly referred to as the Soldiers' and Sailors' Civil Relief Act of 1940. In substance, this law is an up-to-date revision of a similar enactment passed during the first World War, and its fundamental purpose is to free persons in the military service from harassment and injury to their civil rights during their term of military service and thus to enable them to devote their entire energy to the defense needs of the nation.

The provisions of the law, broadly stated, apply to persons on active duty with any branch of the services mentioned and to those in training or undergoing education under the supervision of the United States preliminary to induction into the military services who (1) may become defendants in a court action, (2) have dependents occupying a dwelling for which the agreed rent does not exceed \$80 a month, (3) may have contracted, prior to entry into service, for the purchase of real or personal property on the installment plan, (4) may have obligations relative to mortgages on real or personal property, (5) may hold policies of life insurance of a face value not in excess of \$5,000, (6) may have taxes or assessments on real property falling due, (7) may have initiated or acquired a right to lands owned or controlled by the United States, or (8) may become liable for income taxes. Generally the law provides remedies in the form of suspension of proceedings and transactions during the time a person is in the military service only when, in the opinion of the court, such person's opportunity and capacity to perform his civil obligations are impaired by reason of his being in military service.

GENERAL RELIEF

Before any judgment in default may be entered in any court, the plaintiff must file an affidavit showing either that the defendant is not in military service, that he is in such service, or that the plaintiff is unable to determine whether or not the defendant is in service, as the case may be. If the absent defendant is in military service, the court must appoint an attorney to represent him and protect his interest. This attorney, however, will have no power to waive any right of the absent defendant or bind him by his acts. Unless it appears that the defendant is not in service, the court may require, as a condition before any judgment is rendered, that the plaintiff file a bond conditioned to indemnify the defendant, if in military service, against any loss or damage that he may suffer by reason of any judgment should the judgment be thereafter set aside in whole or in part.

If judgment is entered against a person while he is in service or within thirty days thereafter, application may be made for a reopening of the case not later than ninety days after the termination of the service, at which time any meritorious or legal defense may be interposed. Vacating, setting aside, or reversing any judgment, however, will not impair any right or title ac-

quired by any bona fide purchaser for value under such judgment.

At any stage thereof, any action or proceeding in any court in which a person in military service is involved, as either plaintiff or defendant, may be stayed by the court during the period of such service or within sixty days thereafter. Likewise the execution of any judgment or order entered against a defendant in service may be stayed and any attachment or garnishment of property, money, or debts in the hands of another may be vacated or stayed. If an action for the compliance with the terms of any contract is stayed, no fine or penalty will accrue by reason of failure to comply with the terms of such contract during the period of the stay.

Any stay of any action, proceeding, attachment, or execution ordered by the court may be ordered for the period of military service and three months thereafter and subject to such terms as may be just, whether as to payment of installments in such a manner and at such times as the court may fix or otherwise. Where the person in military service is a co-defendant with others, the plaintiffs may nevertheless by leave of court proceed against the others. The period of military service, the law provides, shall not be included in the running of any statutes of limitations.

RENTS

No eviction or distress may be made during the period of military service with respect to any premises for which the agreed rent does not exceed \$80 a month, occupied chiefly for dwelling purposes by the wife, children, or other dependents of the person in service, except on leave of court. The Secretary of War or the Secretary of the Navy, as the case may be, is empowered, subject to such regulations as he may prescribe, to order an allotment of the pay of a person in military service in reasonable proportion to discharge the rent of premises occupied for dwelling purposes by the wife, children, or other dependents of such person. This provision, it will be noted, applies only in connection with the rental of property used chiefly for dwelling purposes. It would seem to be inapplicable to premises used chiefly for office purposes. Legislation has been proposed to extend relief to persons in service in connection with leases executed for offices, but Congressional action on such legislation has not been completed.

INSTALLMENT CONTRACTS AND MORTGAGES

No person who prior to the date of approval of the law has received a deposit or installment of the purchase price under a contract for the purchase of real or personal property from a person who after the date of payment has entered military service may exercise any right or option under the contract to rescind or terminate it or resume possession of the property for non-payment of any installment falling due during the period of military service, except by action in a court of competent jurisdiction. The law, however, does not prevent the modification, termination, or cancellation of any such contract or prevent the repossession or retention of property purchased or received under the contract, pursuant to a mutual agreement of the parties if such agreement is executed in writing subsequent to the making of the contract and during or after the period of military service of the person concerned. In any court action based on such contract, the court may order the repayment of prior installments or deposits as a con-

dition of terminating the contract and resuming possession of the contract, may in its discretion order a stay of proceedings for the period of military service and three months thereafter, or may make such other disposition of the case as is equitable to conserve the interests of all parties.

The law specifically provides, however, that no court may stay a proceeding to resume possession of a motor vehicle, tractor or the accessories of either, or for an order of sale thereof, where the property is encumbered by a purchase money mortgage, conditional sales contract, or a lease or bailment with a view to purchase, unless the court finds that fifty per cent or more of the purchase price of the property has been paid. In any such proceeding the court may, before entering an order or judgment, require the plaintiff to file a bond to indemnify the defendant against any loss or damage that he may suffer by reason of the judgment should it be set aside in whole or in part.

Similar relief is afforded persons in service in connection with mortgages. The law applies only to obligations originating prior to its approval date and secured by mortgage, deed of trust, or other security in the nature of a mortgage on real or personal property owned by a person in military service at the commencement of the period of service and still so owned by him.

INSURANCE PREMIUMS

With respect to life insurance policies, the law provides that on application by a person in military service the Administrator of Veterans' Affairs may guarantee payment of premiums in order to prevent lapsing or forfeiting of policies. Such persons may, within one year after leaving military service, pay up premiums unpaid by them and resume payments of regular premiums. If they fail to do so, the policy lapses and the cash surrender value accrues to the government to the extent necessary to meet the cost of premiums which it has guaranteed. The Veterans' Administration is required to issue through suitable military and naval channels a notice for distribution to persons in military service explaining the benefits provided by the law in connection with life insurance policies and to furnish forms to be distributed to those desiring to apply for benefits.

The benefits are applicable to contracts of life insurance up to but not exceeding a total face value of \$5,000, irrespective of the number of policies held by the person, when the contracts were made and the premium was paid thereon before the approval date of the law or not less than thirty days before entering service. The benefits do not apply to any policy on which premiums are due and unpaid for a period of more than one year at the time when application for benefits is made, to any policy on which there is outstanding a policy loan or other indebtedness equal to or greater than fifty per cent of the cash surrender value of the policy, to any policy which is void or which may at the option of the insured be voidable in case of military service, or to any policy which as a result of military service provides for the payment of any sum less than the face thereof or for the payment of an additional amount of premium.

TAXES ON PROPERTY AND INCOME

If a person in service, or any person in his behalf, files with the collector of taxes, or other officer whose duty it is to enforce the collection of taxes or assessments, an affidavit showing

(1) that a tax or assessment has been assessed on property as described below, (2) that such tax or assessment is unpaid, and (3) that by reason of service the ability of the person to pay the tax or assessment is materially affected, no sale of the property may be made to enforce the collection of the tax or assessment, or any proceeding or action for such purpose commenced, except on leave of court granted on application made by the collector or other officer. The court is authorized to stay such a proceeding or sale for a period extending not more than six months after the termination of the period of military service of such a person.

When by law, however, such property may be sold or forfeited to enforce the collection of the tax or assessment, the person in military service has the right to redeem the property at any time not later than six months after the termination of service, but in no case later than six months after the date when the Soldiers' and Sailors' Civil Relief Act ceases to be in force. If any tax or assessment shall not be paid when due, such tax or assessment due and unpaid will bear interest until paid at the rate of six per cent per annum.

The benefits here discussed apply when any taxes or assessments, whether general or special, falling due during the period of military service in respect of real property owned and occupied for dwelling, agricultural, or business purposes by a person in military service or his dependents at the commencement of the period of military service and still so occupied by his dependents or employees are not paid. The Secretary of War and the Secretary of the Navy are required to make provision in such manner as each may deem appropriate for his respective department to insure notice to persons in military service of the benefits accorded with respect to taxes and the action made necessary to claim these benefits in each case.—*JAMA*, Jan. 24, 1942.

Delaware Headquarters American Medical Association

Atlantic City
June 8-12, 1942

The 1942 annual meeting of the A. M. A. will be held again at Atlantic City, N. J., the second week in June. As would be expected, the stress will be on war medicine, and the huge Convention Hall will again house the meeting. The military authorities in Washington have assured us that there is no additional or unusual risk in having so many doctors concentrated at one spot along the coast, and that extra alertness will be exerted in our behalf.

The headquarters of the Medical Society of Delaware will be at the Hotel Madison, on Illinois avenue, near the Boardwalk, and a short walk from Convention Hall. The hotel is modern and fireproof, and is under the same management (Fetter & Hollinger, Inc.), as the Jefferson, previously used by us, with the advantage of being a little nearer the meetings. Special convention rates are as follows:

European Plan: Double rooms, with private bath, \$5, \$6, \$7, \$8 per day; single rooms, with private bath, \$3, \$3.50, \$4, \$5 per day.

American Plan: Add \$2.50 per day per person.

Reservations should be made early directly with the hotel and not through the Society. Many Delaware physicians have been guests at the Madison at other conventions, and it is hoped that a large number may be able to attend again this year.

Editorial

DELAWARE STATE MEDICAL JOURNAL

Owned and published by the Medical Society of Delaware, a scientific society, non-profit corporation. Issued about the twentieth of each month under the supervision of the Publication Committee.

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Articles are accepted for publication on condition that they are contributed solely to this JOURNAL. Manuscripts must be typewritten, double spaced, with wide margins, and the original copy submitted. Photographs and drawings for illustrations must be carefully marked and show clearly what is intended.

Footnotes and bibliographies should conform to the style of the Quarterly Cumulative Index Medicus, published by the American Medical Association, Chicago.

Changes in manuscript after an article has been set in type will be charged to the author. THE JOURNAL pays only part of the cost of tables and illustrations. Unused manuscripts will not be returned unless return postage is forwarded. Reprints may be obtained at cost, provided request is made before publication.

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Subscription price: \$2.00 per annum, in advance. Single copies, 20 cents. Foreign countries: \$2.50 per annum.

VOL. 14

APRIL, 1942

No. 4

WAR BULLETINS

This issue of THE JOURNAL is devoted, almost exclusively, to bulletins pertaining to the medical personnel aspects of the war. The articles coming before this editorial page are concerned with the Federal phases: The procurement and assignment of physicians, their pay and allowances, the protection of their civil rights, etc. The articles which follow this page deal with the state phases: local Civilian Defense, temporary hospitalization, chemical warfare, etc. Much of this material has appeared elsewhere in print before, but in order to have these important items at your finger tips we have collected them and made of them a military number, which the Delaware physicians will do well to preserve.

Other war items which THE JOURNAL has published recently are:

1. Emergency Medical Service for Civilian Defense. November, 1941; p. 225.

2. Bulletin: Procurement and Assignment. January, 1942; p. 1.
3. War Time Food Supply for Family of Four. February, 1942; p. 33.
4. Disability Insurance and Hospitalization Payments. March, 1942; p. 44.

DELAWARE P. & A. COMMITTEE

The Procurement and Assignment Committee for Delaware, set up under Federal authority and whose function is to pass on appeals taken by physicians who have been called into the Federal services, is composed of the following physicians:

Dr. William H. Speer, chairman, and Drs. George W. K. Forrest, Paul R. Smith, Harold L. Springer, W. Edwin Bird, I. Lewis Chipman, Julian Adair, James G. Spackman, Willard F. Preston, all of Wilmington; Joseph S. McDaniel, Dover; William Marshall, Milford; and Bruce Barnes, Seaford.

AIR RAIDS AND BLACKOUTS

The official regulations that should be in force in Wilmington and throughout Delaware concerning the use of automobiles by physicians during air raids or blackouts have not yet been adopted. Conferences are being held in New York, and the Civilian Defense Council here states that important regulations for the Second Corps Defense Region (Delaware, New York and New Jersey) are expected to be adopted and promulgated soon.

In the meantime, the following unofficial regulations are offered tentatively:

1. During air raids, day or night, and blackouts, with or without air raids, physicians' automobiles will be permitted to travel, as emergency vehicles.

2. The speed, particularly at night, shall not exceed fifteen miles per hour.

3. At night, only the low-beam or parking lights may be used. If these happen to be unusually bright, they should be covered with 2-3 thicknesses of white tissue paper, glued on.

THE JOURNAL hopes to be able to publish the complete plans for this matter in the next issue.

OFFICE OF CIVILIAN DEFENSE

Temporary Hospitalization

Temporary hospitalization for civilians injured as the result of enemy action is provided in an agreement announced jointly today by Administrator Paul V. McNutt of the Federal Security Agency, and Director James M. Landis of the Office of Civilian Defense. Financed by special funds allotted to the U. S. Public Health Service by the Federal Security Administrator from funds made available to him by President Roosevelt from his emergency fund, the agreement provides:

1. In the event of injury to civilians from air raids or other enemy action, all voluntary and governmental hospitals of the nation may serve as Casualty Receiving Hospitals of the Emergency Medical Service. Hospitals will be reimbursed by the Federal Government for the care of such casualties at established rates.

2. Certain hospitals and other appropriate institutions in "safe areas" are to be designated as Emergency Base Hospitals for reception of casualties or other patients whom it may be necessary to evacuate from Casualty Receiving Hospitals. Those hospitals will also be reimbursed by the Federal Government at established rates for hospital and medical care. In addition, Federally owned medical equipment may be loaned to such hospitals and their medical staffs will be supplemented by physicians of the area who will be commissioned in the reserve corps of the U. S. Public Health Service.

3. This emergency hospital program will be carried out by the Medical Division of the Office of Civilian Defense in cooperation with the U. S. Public Health Service and the State and local authorities. It was also announced that special Sections have been organized in the Medical Division of the OCD and in the U. S. Public Health Service to carry out the joint program.

Dr. George Baehr, Chief Medical Officer of the Office of Civilian Defense, said the line of evacuation of hospital populations from cities to the base is to be determined in collaboration with the military and the State evacuation authorities as well as with regional, State and local Defense Councils.

Dr. Baehr emphasized that the management and control of local Casualty Receiving Hospitals, as well as of Emergency Base Hospitals, will remain the responsibility of the local or state authorities, but all hospitals which admit civilians disabled by enemy action, including sabotage, would be reimbursed. Except for assignment of medical staff and loan of equipment to base hospitals, additional costs will not be a Federal responsibility unless authorized in advance, he said.

In establishing Emergency Base Hospitals, emphasis will be placed on the relative safety of the area and the availability of existing hospitals and other suitable institutions to which civilian casualties and other hospital patients could be promptly transferred from urban hospitals in the target areas. Hospitals will be classified on a basis of size, equipment and standards of operation. Surveys of hospital facilities have been under way for some time.

It is proposed to begin immediately the organization of the necessary medical staffs for the Base Hospitals and to provide for their prompt availability when needed by commissioning them in the reserve corps of the U. S. Public Health Service. These physicians, surgeons, specialists, and dentists will receive rank, pay and allow-

ances equivalent to those of the medical corps of the Army. The commissioned officers will be selected from older age groups and from those with physical disabilities which make them ineligible for military service. Women physicians will also be eligible.

The physicians will be selected by regions so that, as far as possible, they may be assigned to service in the regions of the country in which they live. Because they are to function as balanced professional staffs, they will be recruited largely as affiliated hospital units from the staff of civilian hospitals and cleared through the new Procurement and Assignment Service for Physicians, Dentists, and Veterinarians.

The following is the text of the agreement between the Federal Security Agency and the Office of Civilian Defense:

AGREEMENT BETWEEN THE FEDERAL SECURITY AGENCY AND THE OFFICE OF CIVILIAN DEFENSE

Subject: Temporary Hospitalization and Medical Care Necessitated by Enemy Action to Civilians.

In an order dated February 6, 1942, the President of the United States allocated funds to the Federal Security Administrator for the following stated purposes:

"to be expended by the Administrator of the Federal Security Agency, or through such Federal or other agencies as he may designate, for providing temporary aid necessitated by enemy action to civilians, other than enemy aliens, residing in the United States: (1) who are disabled; or (2) who are dependents of civilians who are killed, disabled, interned, or reported as missing; or (3) who are otherwise in need of assistance or services. This allocation is not intended to cover civil or other personnel of the Federal Government for whom other provisions are contemplated."

In order to carry out that part of the above order which relates to medical and hospital care, Federal Security Administrator Paul V. McNutt and Office of Civilian Defense Director James M. Landis have agreed that the Federal Security Agency, through the United States Public Health Service, will carry out the following program:

Casualty Hospitals:

All the hospitals in the Nation, voluntary and governmental, may serve as casualty hospitals of the Emergency Medical Services established by the Office of Civilian Defense for the care of civilian casualties caused by enemy action. The management and control of such hospitals will not be affected by this plan. Cash payments will be given to such hospitals, caring for casualties pursuant to the President's order, at a per diem rate of \$3.75*. Any additional costs will not be a Federal responsibility unless specifically authorized in advance to meet exceptional circumstances.

Emergency Base Hospitals:

These hospitals will include existing, new, or improvised facilities desirably located in "safe areas" outside of heavily populated centers, and will be used for the care and treatment of civilian casualties and other patients evacuated from urban hospitals because of enemy action.

*This is the rate of reimbursement established by the Federal Board of Hospitalization for Federal beneficiaries in government hospitals and may be changed as conditions require.

The Medical Division of the Office of Civilian Defense, in cooperation with the U. S. Public Health Service and state and local medical directors of the Emergency Medical Services, will press for a prompt conclusion existing surveys of such emergency hospital needs, and will make recommendation for meeting such needs. Emphasis will continue to be placed upon the vulnerability of the area, availability of existing federal, state and local hospital facilities, and other institutions suitable for conversion into emergency base hospitals and the location, number, size and equipment of such hospitals, in order to develop a list to be approved by the Medical Division of the Office of Civilian Defense. The administration of such emergency base hospitals will continue to be a responsibility of state and local authorities. For hospitals which are approved as regards location and otherwise by the Medical Division of the Office of Civilian Defense, Federal assistance will be available as follows:

1. A limited amount of hospital equipment will be loaned for use in approved Emergency Base Hospitals by the Medical Division of the Office of Civilian Defense. The equipment will remain Federal property and will be subject to transfer to other localities or states in accordance with national emergency needs.

2. The medical staff of such hospitals will be supplemented as necessary by physicians including specialists commissioned in the reserve of the United States Public Health Service and assigned, upon request, by the Surgeon General thereof.

3. Reimbursement will be made on a per diem basis for temporary care of civilian casualties as above provided for Casualty Hospitals.

In consideration of the per diem allotment for the care of these patients, it is expected that the hospitals will provide the nursing, technical and subordinate staff and other operating expenses.

Joint effort will be made to obtain assistance under the Community Facilities Act, approved by the President on June 28, 1941, for projects coming within the purview of that Act, and of other Federal legislation, to supplement existing hospital facilities for the care and treatment of casualties.

Medical Personnel:

Emergency Base Hospitals for the care of evacuated casualties conceivably may require a large staff of physicians, surgeons and other specialists, including dentists, some of whom must be of high professional calibre. Since such a balanced technical staff cannot be assembled hurriedly in time of need and must be enrolled for future service, as are the Affiliated General Hospital Units of the Army, it is proposed to expand the commissioned reserve of the United States Public Health Service for this purpose.

Recruiting will be carried on in collaboration with the Procurement and Assignment Service in accordance with existing agreements. In order not to interfere with the supply of physicians for the Army and Navy, recruitment will be largely from the older age groups, from physicians with minor physical disabilities which make them ineligible for military service, and from women physicians. Some specialists may be given a consultant status, so as to be available for part-time duty.

Other members of the reserve, especially obstetricians, pediatricians, dentists and women physicians also will be appointed for service in reception areas into which women and children are evacuated.

Nursing and Other Services:

The United States Public Health Service and the Medical Division of the Office of Civilian Defense will cooperate with the American Red Cross, responsible state and local officials, and other organizations in arranging for nursing, technical and other services in Emergency Base Hospitals. The cost of such services will not be a Federal responsibility.

Field Casualty Service:

In accordance with instructions contained in Medical Division Bulletins Nos. 1 and 2 of the Office of Civilian Defense, the responsibility for providing local field casualty services, including the organization of emergency field units, the establishment of casualty and first aid posts, and arrangements for casualty transportation, will continue to be a responsibility of state and local authorities.

Approved:

(s) PAUL V. MCNUTT
Date March 2, 1942

Approved:

(s) J. M. LANDIS
Date February 26, 1942

OFFICE OF CIVILIAN DEFENSE

Re: Care of Casualties by First Aiders

It is important that state and local Chiefs of Emergency Medical Service, as well as local Civilian Defense Volunteer Offices and Red Cross Chapters, be informed that the completion of a First Aid course does not qualify persons for service with protection units of the Citizens' Defense Corps unless they have received other basic technical training. Courses in First Aid are being given by the Red Cross at the request of the Office of Civilian Defense to as many persons in the community as possible for their own protection and the protection of those with whom they may be associated during the day.

Air raid wardens should be discouraged from organizing their own medical services which are unrelated and conflict with the official Emergency Medical Service of the community. Air raid wardens should be instructed concerning the organization and operation of the Emergency Medical Service for prompt and effective service when called by the Control Center to specific incidents in which casualties have actually occurred.

It is important to call attention to the fact that air raid casualties are usually of extreme severity. They include crushing injuries, as well as penetrating lesions of various parts of the body, and require the services of physicians, nurses and their trained medical auxiliaries, and prompt transportation to a hospital. During the time of an air raid only these teams of the Emergency Medical Field Units are competent to care for air raid casualties at the sites of incidents, and only members of Emergency Medical Field Units will be permitted to move through the streets to an incident. The general population which has been trained in First Aid will remain in their homes or other places of shelter.

Poem of the Day

Lady, if you see me lying
On the ground I may be dying.
Let my gore run—bright and free
Don't attempt to bandage me.
While there's life, there's hope—so Pet
Don't apply a tourniquet.
Do not give for my salvation
Artificial Respiration.
Do not stretch my bones or joints,
Do not press my pressure joints.
If queer symptoms you should see
Don't experiment on me!
If I'm suffering from shock
Take a walk around the block.
If you must be busy, pray,
Help to keep the crowd away.
So whatever my condition,
Phone at once for a physician.
Let me lie, I'll take a chance
Waiting for an ambulance.
From First Aid, I beg release
Lady, let me die in peace.

J. A. M. A., March 14, 1942.

Another Poem of the Day

The poem for First Aiders published March 14 was by Amy Greif and first appeared in the *Baltimore Sun*. Here is the sequel:

NO ATTENTION—FIRST AIDERS!
(Apologies to Everybody)

Lady, if I see you lying
On the ground and (maybe) dying,
Though your gore flow red, or blue,
I won't try to bandage you!

I'll remember to forget
How to use a tourniquet!
"Artificial Respiration"
Might cause Me a palpitation!

If "queer symptoms" you should show
You may lie "in status quo!"
And I hardly need to hint
I won't tie you to a splint!

Do not fret—I won't try "traction"—
If I feel I must show action
And you're lying, prone and white,
I will faint *myself*, from fright!

AMY GREIF

J. A. M. A., March 28, 1942.

OFFICE OF CIVILIAN DEFENSE

Re: Chemical Warfare

MEREDITH I. SAMUEL, M. D.
Deputy Chief of EMS
Wilmington, Del.

As you designate I attended the session at the University of Cincinnati, February 23, 24, 25 and 26, 1942, on the medical aspects of Chemical Warfare Agents.

I have endeavored to cull the practical from the scientific to obtain what Wilmington requires for the protection of her citizens. I am sure you are not interested in my going over my voluminous notes taken over the four-day course. Suffice it to say that I will enumerate what in my judgment is required.

It was the opinion of the faculty that we can shortly expect air raids on our eastern coast by gas bombs or gas sprayed from planes will be used, rather than high explosive bombs. This is also the opinion of Washington and London, because we are not prepared to resist this kind of attack. Twenty-two gallon tanks attached under the wings of airplanes are used to carry the different gases. A twenty-two gallon tank will spray an area 800 yards long by 300 yards wide.

We must realize that to meet such an emergency will require a great outlay of money on the part of the state and city. The morale of the people depends on how thoroughly we are prepared to take care of those afflicted.

The gases that would probably be used are:

1. Mustard
2. Lewisite
3. Phosgene

In addition to these gases are irritant smokes. Screening smokes and tear gases will result in no casualties unless close to where smoke is emitted. The permanency of gases is as follow:

LUNG IRRITANTS

Phosgene—In warm weather, lasting 5 minutes in open and 20 minutes in woods. In winter, lasting 10 minutes in open and 40 minutes in woods. Odor of musty hay.

Chloropicrin—In warm weather, lasting 1 hour in open and 4 hours in woods. In winter the duration can be weeks. Odor of licorice. Use Sodium-sulphite to neutralize.

Chlorine—Long duration. Disagreeable, suffocating odor.

VESICANTS

Mustard—Lasting 5 to 10 days in open and 2 to 3 weeks in woods. This gas hydrolyzes slowly. 97 per cent of casualties from Mustard gas recover. Odor of mustard (beef-steak and onions). Chloride of Lime may be used as a solvent for this gas on roads and factories.

Lewisite—Lasting from a week to a month. Odor of geraniums. Hydrolyzes to a solid in cold weather and when liquefied is still as poisonous as ever. Neutralized by a spray of Sodium hypsulphide. Hydrogen peroxide can be used to remove it from the skin. Causes necrosis of the gall-bladder and bowel ducts. Lye solution may be used as a solvent for this gas on roads or factories.

Ethyl dichlorarsine—Lasting 1 to 2 hours in the open and 2 to 6 weeks in the woods.

Irritant Smokes—

Sneeze gas—Lasting 10 minutes in open. Sodium-bicarbonate is a neutralizing agent.

Diphenylchlorarsine—Lachrymator. Odor of Lotus blossoms. Sodium hypo-sulphite in 50 per cent alcohol is neutralizing agent.

The procedure advised for the treatment of gas burns is to remove the patient to the operating room where a general anesthetic is given. The part is washed for ten minutes with soap and water, then rinsed with physiological saline solution and sterile vaseline gauze strips applied. Wide pressure dressings are used to prevent loss of plasma, and rest given to the part by splints. Relief of pain is given by morphine and sedation with hyoscine. Benzine or ether can be used to remove any grease. It is considered essential that attendants in receiving ward and operating room wear masks and gloves.

The most important thing we have to consider is the care of the workers, such as the wardens,

rescue squads, demolition squads, medical units, and the members of the police and fire departments. They, as well as the public in general, require gas masks. The workers will also require special clothing, the material of which is impregnated. Gloves of the same material, and boots that are also treated to resist the gas, will be necessary.

Each worker and civilian should carry at all times, a first-aid pack, consisting of a tube of protective ointment (this ointment is obtainable and evidently furnished through the Office of Civilian Defense in Washington). The formula is not known to the faculty of the University of Cincinnati.

Since women wear very little in winter, and practically nothing in summer, it is suggested that they carry with them at all times, a raincoat that will reach to the ankles.

Protection of animals is the same as for human beings. There are gas masks for horses and cows. Tear gas has no effect on horses, but they are very susceptible to the vesicants. Impregnated blankets can be put over both cows and horses.

There must be set up at each of our air raid stations, a decontamination station. The formation of decontamination squads to operate these stations will require thoroughly instructed men. It is advised that a decontamination center should be attached to each general hospital, where patients who were severely injured as well as gassed, could be operated. My feeling is that it would be better to arrange a field hospital where such cases could be removed, and thus lessen the danger of gassing the patients and personnel of the hospital.

In regards to transportation, it was recommended that trucks with no tops would be the best form of ambulances, because they are more easily decontaminated. The ordinary ambulance, if used, would be put out of commission for two or three days after carrying one case. Stretchers should be made out of mesh wire (chicken wire) for the same reason, that they are easily decontaminated.

The set-up for decontamination centers consists of three rooms with a canvas enclosure in front. In gas cases, remove the outer clothing and shoes in the canvas enclosure. These articles are placed in metal containers. The patient then enters the first room, removing the remaining clothing and proceeds to the shower room where he washes the entire body with soap and water or a solution of sodium hypo-sulphide. In this room they also have eyes cleansed by a physician. They then proceed to the dressing room where clean clothing is furnished them. The doors leading to the building and rooms are specially constructed of heavy canvas flaps which have been impregnated.

Decontamination Materials:

1. To cover
 - a. Earth
 - b. Sand
 - c. Ashes
 - d. Sawdust
 - e. Soot
 - f. Water
 - g. Kerosene
2. To Neutralize
 - a. Air—12-24 hours
 - b. Water
 - c. Chlorinated Lime
 - d. Chlorination by Cl gas
 - e. 1% solution of sodium sulphite

- f. Green solution—1 part sodium bicarbonate in 1 gallon of sodium hypo-sulphite
- h. 10% NaOH in glycerine.
3. Destroy everything by burning. Dry cleaning of no value.

Decontamination of Eyes After Exposure to Lewisite and Mustard

Since publication of the Office of Civilian Defense handbooks, "First Aid in the Prevention and Treatment of Chemical Casualties" and "Protection Against Gas," further experience has shown that the 2% solution of hydrogen peroxide recommended for the treatment of eyes, following Lewisite burns may be injurious if used undiluted. The Chemical Warfare Service now recommends a single instillation in the eyes of a 0.5% solution of hydrogen peroxide as soon as possible after contamination with Lewisite. This solution may be prepared by diluting one part of a 2% solution with three parts of water, or one part of a 3% solution with five parts of water. The solution usually found in drugstores is the U. S. P. strength of 2.5 to 3.5 per cent hydrogen peroxide. A 0.5% solution of potassium permanganate has also been found effective as an eye instillation following exposure to Lewisite.

In planning decontamination stations, the Medical Division, Office of Civilian Defense, recommends that provision be made near the entrance of the second or shower room for the irrigation of the eyes of contaminated persons. The schematic sketch of a decontamination station in the Office of Civilian Defense publications mentioned above shows the irrigation of eyes in the dressing room, whereas this should be carried out in the second or shower room before the bath is given. Delay until the casualty reaches the dressing room will result in more serious injury to eyes which have been contaminated with mustard or Lewisite.

OFFICE OF CIVILIAN DEFENSE Emergency Medical Services

WILLIAM H. SPEER, M. D.
Chief of EMS.
Wilmington, Del.

For the proper conduct of the Emergency Medical Service of Civilian Defense, all medical and first-aid personnel must realize first that they are a part of the military organization, and must subject themselves to all conditions related to the carrying on of a military auxiliary. This will consist in the taking of orders, and of giving them, and they must obey, to the letter, the orders given to them, and must insist and see that the orders they give are carried out.

Unless the proper cooperation is given by all, nothing will be accomplished, and the citizens will suffer accordingly.

Each one of the appointed leaders will have absolute control of his unit, and will be responsible to the Chief of the Emergency Medical Service. All civilian inquiries will be directed to this leader for his decision. In many instances his direction as to the procedure may not conform with the opinion of those with whom he is dealing, but it must be understood that he is the directing head, and is the responsible person. In many areas the civilian population has taken

the stand that they want the medical units to act as they, the civilians, desire. They must be informed that the setup is one which has been given by the Medical Division of the O. C. D., and is the same throughout the country. It is possible, of course, that some deviation may be necessary in certain communities, but all such instances must be approved by the Chief of the Emergency Medical Service, who in turn will have to have it approved by headquarters of the 2nd Civilian Defense Region. All of the procedures have to be reported to headquarters, and interim reports are made by the Chief of the Emergency Medical Service to the medical officers of the area, as well as to the Commanding General of the 2nd Corps Area of the Army.

CONTROL CENTER

The following doctors are assigned to the Control Center, and it will be their duty, when on call, to report at once to the Control Center and carry out their instructions.

Dr. Samuel
Dr. Beatty
Dr. Butler
Dr. Cassidy
Dr. Corrin
Dr. Vaughn
Dr. Mayerberg
Dr. O. S. Allen

1—They shall report as quickly as possible, dropping all private business, to the Control Center, as soon as they receive notice.

2—They will assume their station, at the Control Center, and carry out as follows:

a—Inform the leaders of all Casualty Stations and First-aid Teams of the impending trouble.

b—Inform the different heads of the Nursing Personnel.

c—Inform the hospitals.

d—They will then assist in giving information to any medical or nursing personnel as required.

e—They will have the direction and dispatching of first-aid teams from the hospitals to the scene of the incident, and the first-aid teams will not proceed without this authority. The first-aid team will have headquarters at the hospitals, and will not be dispatched until the necessity for their services has been established.

CASUALTY STATIONS

The leader is in full charge of the medical, nursing and first-aid personnel, and the management of the station is his responsibility. He will proceed as follows:

a—Immediately on receiving word, or hearing the alarm, he will proceed at once to his station.

b—On his arrival he will begin to set up his station for the reception of casualties, and so direct his personnel along these lines.

c—He will be responsible for the treatment and disposition of all cases.

d—He will see that all are properly tagged, and that the proper notation is made in the Casualty Record book.

e—It will be his responsibility, when necessary to keep patients in a casualty station for a time, to arrange for the proper medical and nursing care, as well as feeding.

f—After each all-clear signal it will be his duty to report to the Control Center that his station is in good order, and ask for clearance from the said center.

FIRST-AID TEAMS

These are teams which are mobile, and will consist of three doctors, two nurses, and first-aid personnel. The leaders will be called from the Control Center.

a—They will immediately notify their associates, and all will proceed to the hospital to which they are assigned.

b—They will, on arrival, secure their first-aid kits, and be ready to go to any point assigned to them when sent by orders from the Control Center.

c—They will at no time take orders from anyone except from the Control Center, the Chief of Emergency Medical Service, or one of his deputies.

d—On arrival at the scene of an incident they will have full charge of caring for the medical and surgical needs of the civilians, and will take orders from no one in this respect.

e—Those who are obviously in need of immediate hospital care will be dispatched to the one designated. Those who can be cared for in an adjacent first-aid station, if one is near, will be cared for there. All others will be sent to the Casualty Station to remain there as long as it is necessary. All of these, of course, following the administration of the immediate necessary first aid at the scene of the incident.

f—After all cases are cared for they will visit the first-aid stations in the neighborhood and give services where necessary.

g—When the area has been cleared they will report the same to the Control Center.

Emergency Medical Mobilization

The test mobilization which was held on April 12th was for the purpose of ascertaining—

1. The efficiency of our line of communications, and the rapidity with which each worker can be notified and get to his post.

2. The extent to which the various units are recruited up to the required strength.

It was requested that everyone assigned make themselves available for this test, the result of which was checked by the Army, as it was under their direction and supervision that this test was held. The Regional Medical Officer of the Office of Civilian Defense was in Wilmington to observe how the test materialized. The mobilization of 10,000 persons in Wilmington, plus 5,000 persons in New Castle County, was fully completed in 47 minutes.

The instructions were:

1. The members of the Control Center of the medical personnel will be informed by the Control Center.

2. The hospitals will be notified from the Control Center, and they in turn will notify the personnel assigned to them; the names being contained in this memorandum.

3. The Leaders of the Casualty Station teams will be notified from the Control Center. They in turn will notify their medical personnel and proceed as directed before.

4. The Leaders of the first aid teams will be notified from the Control Center. They will in turn notify their medical personnel, and proceed as directed before.

5. The Control Center will notify the heads of the nursing personnel, who will in turn notify the nurses and they will likewise proceed to their stations.

6. The Red Cross will have charge of notifying the first aid instructors who are assigned to the Casualty Stations, and who will proceed to their designated post.

The doctors assigned to serve in the Control Center are: Dr. M. I. Samuel, Dr. Gerald Beatty, Dr. James Butler, Dr. Kenneth Corrin, Dr. O. S. Allen, Dr. John Cassidy, Dr. Irvine Flinn, Dr. George Vaughn, Dr. Emil Mayerberg.

The doctors assigned to the Delaware Hospital are: Dr. H. L. Springer, Dr. L. S. Parsons, Dr. B. S. Vallett, Dr. C. L. Hudiburg, Dr. O. N. Stern, Dr. B. B. G. Blackstone, Dr. E. R. Miller, Dr. O. S. Allen, Dr. W. W. Lattomus, Dr. W. V. Marshall, Dr. A. L. Heck, Dr. W. O. LaMotte, Dr. S. W. Rennie, Dr. J. A. Giles, Dr. G. W. K. Forrest, Dr. E. M. Krieger, Dr. D. J. Casey, Dr. F. A. Hemsath.

The doctors assigned to the Memorial Hospital are: Dr. J. G. Spackman, Dr. C. P. Bailey, Dr. F. A. Bowdle, Dr. A. K. Lotz, Dr. D. C. Peters, Dr. C. E. Maroney, Dr. L. B. Flinn, Dr. H. W. Gray, Dr. S. H. Stradley, Dr. B. M. Allen, Dr. J. C. Pierson, Dr. F. E. Spencer, Dr. W. M. Pierson, Dr. R. S. Heller, Dr. P. A. Shaw, Dr. J. F. Hynes, Dr. J. M. Messick, Dr. M. B. Pennington, Dr. J. P. Wintrop.

The doctors assigned to the Wilmington General Hospital are: Dr. W. E. Bird, Dr. A. J. Strikol, Dr. A. M. Gehret, Dr. Charles Levy, Dr. A. Smith, Dr. V. C. Nah, Dr. I. Burns, Dr. E. H. Lenderman, Dr. L. W. Anderson, Dr. L. B. Hayes, Dr. George Boines, Dr. I. L. Chipman, Dr. C. C. Neese, Dr. A. Goberman.

The doctors assigned to the St. Francis Hospital are: Dr. R. A. Lynch, Dr. P. Alaya, Dr. L. J. Rigney, Dr. B. J. McEntee, Dr. J. S. Keyser, Dr. W. T. Reardon, Dr. L. J. Jones, Dr. W. F. Preston, Dr. G. L. Dougherty, Dr. J. A. Shapiro, Dr. D. M. Gay.

Wilmington First-Aid Teams are:

Delaware Hospital—Dr. O. S. Stern, Capt., Dr. Edmund G. Laird, Capt., Dr. J. A. Giles, Jr., Capt., Dr. J. Richard Durham, Dr. Italo Charamella, Dr. Edward T. O'Donnell, Dr. Roger Thomas, Dr. Francis Rovitti.

Memorial Hospital—Dr. Paul A. Shaw, Capt., Dr. Shermer J. Stradley, Capt., Dr. Frederick A. Bowdle, Capt., Dr. William R. Hazzard, Dr. Abram Kurland, Dr. Frederic F. Homan, Dr. John E. Robbins.

Wilmington General Hospital—Dr. Andrew Gehret, Capt., Dr. George Boines, Capt., Dr. C. C. Neese, Capt., Dr. William J. Ruggiero.

The nurses assigned to the first-aid teams are: Delaware Hospital—Mrs. Helen Bancroft, Mrs. Ethel Markham, Mrs. Alexander Smith, Miss Elizabeth Smith, Mrs. Helen Smith Bole, Mrs. Virginia B. Jordon.

Memorial Hospital—Mrs. Paul Hessler Mrs. May O'Malley, Mrs. Ellen Hammond, Mrs. Hazel Crowley.

Wilmington General Hospital—Mrs. Ethel Tanner, Mrs. Elizabeth Tanner.

Teams No. 1, 2, 3 will have as their headquarters the Delaware Hospital, and they will report there and await orders.

Teams No. 4, 5, 6 will have as their headquarters the Wilmington General Hospital, and they will report there and await orders.

Teams No. 7, 8, 9 will have as their headquarters the Memorial Hospital, and they will report there and await orders.

The doctors assigned to the Casualty Stations are:

Station No. 1—South Wilmington (Ukrainian V. F. W. Hall, South Heald St.), Dr. Albert G. Gluckman, Capt., Dr. Irvin Berlin, Dr. H. P. Sortman.

Station No. 2—East of Market to Christiana Creek, South of Sixth Street to Christiana Creek (Columbus Hall, 319 Walnut St.), Dr. Dana Burch, Capt., Dr. Sidney Staat, Dr. Donald W. Cheff.

Station No. 3—North of Sixth Street to Brandywine Creek, East of Market Street to Brandywine Creek (Colored Y. M. C. A., 10th and Walnut Sts.), Dr. Samuel E. Elbert, Jr., Capt., Dr. Leon V. Anderson, Dr. H. W. Ayres, Dr. Conwell Banton, Dr. Foster M. Brown, Dr. Harlan A. Cuff, Dr. W. W. Goens, Dr. W. L. Porter.

Station No. 4—East of Market Street, North of Brandywine Creek (V. F. W. Hall, 32nd and Market Sts.), Dr. H. Wendell Gray, Capt., Dr. Fred F. Armstrong, Dr. Norman L. Cannon.

Station No. 5—West of Market Street, North of Brandywine Creek (Hanover Presbyterian Church, 18th and Boulevard), Dr. Ewin S. Parvis, Capt., Dr. A. B. Gruver, Dr. Leslie L. Maske, Dr. William G. Ryan.

Station No. 6—South of Front Street, East of Broome Street (Boys' Club, Elm and Jackson Sts.), Dr. Frank S. Skura, Capt., Dr. Lloyd S. Hayes, Dr. George A. Connolly.

Station No. 7—West of Broome Street, South of Fourth Street (Amer. Legion Home, Bancroft Pkwy. and Lancaster Ave.), Dr. Joseph R. Russo, Capt., Dr. Harry Taylor, Dr. C. Millard Waters, Dr. Robert S. Heller.

Station No. 8—West of Broome Street, South of the Brandywine, North of Fourth Street (Stewart & Donohue, 14th and Union Sts.), Dr. George F. Nason, Capt., Dr. J. Bradford, Dr. Merritt Davis, Dr. Henry George, Dr. Raymond Rickards, Dr. Leonard Lipscomb.

Station No. 9—East of Broome Street, North of Sixth Street, West of Market Street (Jewish Center, 9th and Washington Sts.), Dr. A. J. Gross, Capt., Dr. B. A. Gross, Dr. Charles Levy, Dr. Elton Resnick, Dr. Bernard L. Lee.

Station No. 10—East of Broome Street, South of Sixth Street, West of Market Street (Friends' Meeting House, 4th & West Sts.), Dr. E. M. Bohan, Capt., Dr. George L. Walker, Dr. F. S. Wilcox.

Station No. 11—North of Shellpot Creek (Brandywine Fire House, Bellefonte), Dr. Thomas V. Hynes, Capt., Dr. Gerald Poole, Capt., Dr. S. Chavin, Dr. J. W. Kerrigan, Dr. Victor D. Long.

Station No. 11A—Talleyville (Fire House, Talleyville), Dr. Allen King, Capt., Dr. C. A. D'Alonzo, Dr. Herman Gaumer.

Station No. 12—Newport (Conrad High School, Woodcrest), Dr. Thomas H. Baker, Capt., Dr. Charles Bancroft, Dr. Harry A. Carl, Dr. William N. Fenimore, Dr. C. M. Lowe, Dr. M. F. Squires, Dr. J. William Urie.

Station No. 13—Newark (Armory), Dr. A. J. Mavromatis, Capt., Dr. Arthur A. Mencher, Dr. Charles Schraeder, Dr. H. E. Nutter, Dr. E. Earl Weggenmann.

Station No. 14—New Castle (Armory), Dr. Lewis Booker, Capt., Dr. H. T. Maguire, Jr., Dr. Everett Reynolds.

Station No. 15—Delaware City, Dr. Walter W. Ellis.

Station No. 16—Middletown and Odessa (Middletown), Dr. Jerome D. Niles, Capt., Dr. Allan R. Cruchley, Dr. Walter H. Lee.

Station No. 17, Smyrna—Dr. C. J. Prickett, Capt., Dr. A. V. Gilliland, command at hospital, Dr. W. C. Deakyn, Dr. Marian Whalen, Dr. Richard Comegys and Dr. W. C. Prichard (to man first aid posts), Dr. H. V. P. Wilson and Dr. Robert Nydegger (on call), Dr. C. G. Harmonson, reserve nurses, nurses' aides, stretcher bearers; dentist.

Dover Hospital—Dr. H. V. P. Wilson, Capt., Dr. Robert Nydegger and Dr. I. J. MacCollum (on call), Mrs. Irene Luff and staff nurses, stretcher bearers and orderlies, supplies.

Station No. 18, Dover—(Murphy School Infirmary), Dr. I. J. MacCollum, Capt.; Dr. Richmond Steele, Dr. Stanley Worden, Dr. Floyd Moore (on call to hospital), nurses, nurses' aides, stretcher bearers, supplies, first aid posts (designated to captain).

Colored Center—Dr. Everett, Capt., Dr. Wm. Henry, Dr. Robert Nydegger, Dr. Henry (dentist), nurses, nurses' aides, stretcher bearers, supplies, first aid posts (designated by captain).

Reserves—Dr. Joseph S. McDaniel, Dr. C. B. Scull, Dr. L. A. H. Bishop.

Station No. 19 (J. Frank Rice Farm)—Dr. Harold Mercer, Capt., Dr. Faunce, Dr. Sanford, Dr. Oliver A. James and Dr. Robert Nydegger (on call), nurses, nurses' aides, stretcher bearers, supplies. The captain will choose men to man first aid posts.

Station No. 20, Milford-Harrington—(Berry Funeral Home, Milford), Dr. John B. Baker, Capt., Dr. L. L. Fitchett, Dr. Sam Marshall, Dr. N. R. Washburn (on call), nurses (1), nurses' aides, stretcher bearers, dentist (on call), supplies. First aid posts designated by captain.

Hospital—Dr. W. T. Chipman, Capt. and Dr. Oliver V. James (day), Dr. Oliver A. James, Capt. and Dr. N. R. Washburn (night), Supt. in charge of nurses, nurses' aides, stretcher bearers, supplies.

Station No. 20A (Church) — Dr. Oliver A. James, Capt., and Dr. Oliver V. James (on call), dentist, nurses, nurses' aides, stretcher bearers, supplies. First aid posts designated by Captain.

Houston Station (will be manned as necessity arises) — Dr. Wm. Marshall and Dr. W. H. Smith (reserves).

Station No. 21, Georgetown-Lewes—(Cool Spring), Dr. E. L. Stambaugh, Capt., Dr. G. W. M. Von Valkenburgh, Dr. Byrne (County Health Officer).

First aid stations: Dr. Joseph B. Waple, Dr. A. C. Smoot, Dr. W. Robinson. Their offices are first aid stations.

Station No. 22, Cannon—Dr. H. Riggin, Capt., Dr. H. Manning, Dr. B. Barnes.

First aid stations: Dr. G. Metzler, Dr. C. Gray, Dr. I. A. B. Allen, Dr. J. L. Fox, Dr. J. W. Lynch. Their offices are first aid stations.

Station No. 23, Bacon—Dr. Arnold Williams, Capt., Dr. R. Elliott, Dr. H. LeCates.

First aid stations: Dr. Chas. Moyer, Dr. H. Lynch. Their offices are first aid stations.

Station No. 24, Omar—Dr. G. V. Wood, Capt., Dr. S. M. Berger, Dr. R. S. Long.

First aid stations: Dr. Virgil Hudson, Dr. Carlton Fooks, Dr. G. E. James. Their offices are first aid stations.

The State Board of Health, under the leadership of Dr. Edwin Cameron, will plan their organization and will cooperate.

Duties of the Local Chief of EMS

In order to expedite the organization of the Emergency Medical Services and provide for their effective administration, it is important that each local Civilian Defense Council appoint without delay a local Chief of Emergency Medical Services. He should be an outstanding medical leader and should be selected in consultation with the State Defense Council, the local Medical Society, and the local Health Officer. To facilitate the integration of all local medical resources into a comprehensive program for civilian protection, the local Chief of Emergency Medical Services should be assisted by a Medical Advisory Council, consisting of the local Health Officer, an experienced hospital executive, and representatives of the local Medical Society, the local nursing profession, the American Red Cross, and any participating voluntary agencies.

Under the administrative authority of the local Director of Civilian Defense the duties of the local Chief of Emergency Medical Services are:

1. To determine the scope of the activities of all official and voluntary organizations which are to participate in the emergency medical program of civilian defense, to integrate these organizations into the comprehensive local program, and to assist them in expanding their activities to the limit of their resources in personnel and equipment.

2. To assist hospitals in the locality to organize, equip and train Emergency Medical Field Units as outlined in Medical Division Bulletin No. 1, "Emergency Medical Service for Civilian Defense."

3. To inspect and select sites for the establishment of Casualty Stations.

4. To make a spot map of the locality, indicating the locations of hospitals, appropriate sites for Casualty Stations, depots for storage of stretchers, blankets and collapsible cots, and the locations of rescue squads. The map should indicate the number of Emergency Medical Squads in each hospital. Copies of the map should be supplied to Control Centers, Police and Fire Departments, Health Departments, local Red Cross Chapter, State Defense Council, Regional Director, Regional Medical Officer and to all cooperating hospitals.

5. To plan and establish adequate transportation service for casualties and medical personnel in consultation with local government departments, American Red Cross and voluntary agencies.

6. To arrange with the local Control Authority for field drills of Emergency Medical Units and Rescue Squads in collaboration with police and fire auxiliaries, disaster relief and canteen services of the American Red Cross, ambulance transport service and other civilian defense units and to supervise such drills.

7. To make an inventory of hospital beds in the locality and of the possibilities for emergency expansion in bed capacity.

8. To assist the authorities charged with preparing plans for evacuation in making an inventory of hospitals, convalescent homes, sanatoria, hotels and other structures within a radius of 50 to 100 miles which might be used as base hospitals to which patients in city institutions could be evacuated.

9. To assist the local Central Volunteer Bureau in establishing courses for volunteers in the

field of health, medical care, nursing and related activities.

10. To stimulate recruitment of volunteers for Nurses' Aide courses of the American Red Cross, assist the local Red Cross chapter in establishing Training Centers for Volunteer Nurses' Aides at appropriate hospitals and assist the Red Cross placement bureau in placing Nurses' Aides with hospitals, clinics, health departments and field nursing services after completion of training.

11. To stimulate and guide extension of First Aid training courses as widely as possible among the local population through the American Red Cross and other official and voluntary agencies.

12. To stimulate and guide industrial plants, business establishments and government bureaus in the locality in the training and organization of effective First Aid Detachments among the employees.

13. To collaborate with state and local health departments and through them with the Regional Sanitary Engineer in a comprehensive program for the protection of the community against emergency sanitation hazards.

14. To collaborate with local and State Defense Councils, Office of Civilian Defense, Federal Security Agency, Children's Bureau and other local, State and Federal authorities in the preparation of plans for evacuation, with particular attention to the medical needs of the population under such circumstances.

15. To keep the community and particularly the members of the health and medical professions and the participating official and voluntary organizations informed of the plans and activities of the local Emergency Medical Services.

GEORGE BAEHR, M. D., *Chief Medical Officer.*

Defense Lights

The Maryland Council of Defense is turning from blue to red, with a little white thrown in.

It's not that it has anything to do with the national colors but it does concern the best lights for use during blackouts.

Yesterday Isaac S. George, State executive director, forwarded to all local defense committees advice from the War Department that "there will be no further use of blue illumination for blackout purposes."

"Of all colors, deep red illumination is least visible from the air, most helpful on the ground and best suited for preserving dark adaptation of the eyes. . . . Low-intensity white light is suitable for purposes of blackout illumination in the majority of instances," the message stated.

Yet, two months ago Dr. Robert W. Wood, Johns Hopkins University physicist and renowned light-and-sound expert, said when the State Council advised the use of blue lights:

"This idea that the dimmed blue light is more useful in blackouts should be blown up. The dimmed blue light is as visible from the air as any other light dimmed equally and it has the disadvantage that you can't read by it.

"The eye will not focus with the blue light. I remember stumbling about in Paris under blue lights in the first World War. They were of no use. . . . A dimmed white light, shaded from above and thrown downward, is much better and has the advantage that you can read by it."

And now, the War Department and the Mary-

land Council of Defense have come around to Dr. Wood's suggestion of two months ago.—*Baltimore Sun*, March 18, 1942.

Hawaii Medical Journal

This is the latest addition among the exchanges of the D. S. M. J., and a handsome one. The format conforms to the general size and style of the other state journals, high grade calendered stock is used, and the illustrations are excellent. This Journal is a bi-monthly, and Vol. 1, No. 1, began in September, 1941, which issue we received in October. We have not received No. 2, November, 1941, and No. 3, January, 1942, arrived on April 4, thanks to Pearl Harbor.

As one would expect, this latest issue is full of Pearl Harbor, 74 pages of exceptionally valuable material. There are also 24 pages of advertising. Dr. Lyle G. Phillips is editorial director and Dr. Harry L. Arnold, Jr. is the editor.

Delaware offers its sincerest congratulations to our worthy confreres in Hawaii, and may the *Hawaii Medical Journal* have a long, happy and prosperous career.

Need 5,000 More Physicians

"As we go to press the Army requires five thousand physicians in excess of those already enrolled (in the Army), to meet existing needs," *The Journal of the American Medical Association* for April 25 says in an editorial. "Therefore, every physician ready now for service who knows that he is not filling an essential position may apply at once to the office of the corps area commander in his area, to the Office of the Air Surgeon, Army Air Force, Washington, D. C., or directly to the Office of the Surgeon General in Washington so that he may receive at once an application blank and proceed to have a physical examination. The Procurement and Assignment Service headquarters in Washington, aided by the consulting office in the American Medical Association and the individual corps areas and state offices, will continue to clear the names of physicians who apply.

"This week to every physician licensed to practice in the United States there is mailed the long-awaited enrolment form and questionnaire of the Procurement and Assignment Service. It comes jointly from the National Roster of Scientific and Specialized Personnel and the Procurement and Assignment Service for Physicians, Dentists and Veterinarians. Each of these agencies is, in turn, related to others and ultimately to the Executive Office of the President. Every physician who receives the medical enrolment form should fill it out as completely as possible and return it immediately in the franked envelope which accompanies it. Opportunity is given to indicate first, second, third and fourth choices of assignment, and it is hoped that the complete functioning of this service will be such that Army, Navy, public health, civilian and industrial needs may be met.

"This week in Washington a meeting has been called of state representatives of the Procurement and Assignment Service east of the Mississippi River only together with officers of the Army and Navy medical departments, the corps area officers and the board of the Procurement and Assignment Service to work out plans which

will aid recruitment in the individual states. Such plans will, of course, be announced just as soon as they have been suitably drawn and made available. The chairmen for veterinary medicine and dentistry have not been called because there exists no shortage in the supply of these professions for the armed forces. Chairmen of states west of the Mississippi River will meet at a later date at some city west of the Mississippi River.

"The physicians of this country have invariably responded to the needs of the armed forces whenever they have been called upon. The Selective Service System makes every man in the United States under 45 years of age available on call. Complete cooperation through use of the enrollment form and through direct application by those ready to volunteer immediately will meet the various demands on medical services without making necessary any call on the Selective Service System for the provision of necessary physicians to the armed forces."

DELAWARE DOCTORS IN THE SERVICES

(As complete and accurate as available information permits. Additions and corrections will be welcomed.)

ARMY

Name	City	Rank
Ellis, Walter W.	Dela. City	Col. (Ret.)
Barsky, Joseph M.	Wilmington	Lt.-Col.
Washburn, Victor D.	Wilmington	Lt.-Col.
Laird, Edmund G.	Wilmington	Major
Munson, C. Leith	Wilmington	Major
Johnson, Wallace M.	Newark	Capt.
Davidson, Douglas T., Jr.	Wilmington	Capt.
Davolos, Joseph J.	Wilmington	Capt.
Harwitz, Morris	Wilmington	Capt.
Lawrence, Charles T.	Wilmington	Capt.
Maroney, John W.	Wilmington	Capt.
Beck, John R.	Dover	Capt.
Burton, Benjamin J.	Dover	Capt.
Fitchett, Lawrence L.	Milford	
Claggett, A. H.	Milton	Capt.
Dobson, Leslie	Lewes	
Hudson, Floyd I.	Rehoboth	
Fenimore, William N.	Wilmington	1st Lt.
Kurland, Abr. B.	Wilmington	1st Lt.
Lessey, Gerald	Wilmington	1st Lt.
Stroud, Henry	Wilmington	1st Lt.
McDaniel, J. Stites, Jr.	Dover	1st Lt.

NAVY

Anderson, Lang W.	Wilmington	Lt. (SG)
Briggs, H. Ward	Wilmington	
King, John W.	Wilmington	Lt. (JG)
Borkowski, Charles P.	Wilmington	Lt. (JG)
Martin, John P.	Camden	

STATE GUARD

Lynch, Raymond A.	Wilmington	Major
Connolly, George A.	Wilmington	Capt.
Crutchley, Allan R.	Middletown	Capt.
James, Oliver A.	Milford	Capt.

U. S. P. H. S.

Tomlinson, Robert W.	Wilmington	Asst. Surg.
Uhler, Claude L.	Wilmington	Asst. Surg.
Heck, A. Leon	Wilmington	Act. Asst. Surg.

VET. BUR.

Latzo, John J.	Wilmington
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C. C. C.

Riggin, George H.	Wilmington
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RESOLUTION RE: DUES

Adopted by the New Castle County Medical Society, April 21, 1942.

Be It Resolved That:

1. The annual dues of members of this Society who are serving in the armed forces of the United States (Army, Navy, Marine Corps) be refunded, if paid for the year 1942; and that further dues of this Society be remitted for the duration of the war.

2. That this Society requests the Medical Society of Delaware to take similar action concerning the annual assessments due that Society.

RESOLUTION RE: LOCUM TENENS

Adopted by the New Castle County Medical Society, April 21, 1942.

In order that those who serve in the armed forces of this country may be properly protected during and after the emergency, the New Castle County Medical Society makes the following recommendations:

(1) That as soon as a physician determines he is to serve in one of the armed forces, arrangements be made with another practitioner to take care of his practice. The following plan is suggested to cover such arrangements:

(A) That the physician leaving his practice send a card (Appendix A) to all of his patients, stating who is to be in charge of his practice during his absence and register such arrangement with the Secretary of the New Castle County Medical Society.

(B) That the locum tenens agree to the following arrangement: The moneys collected from patients who have been turned over to the locum tenens shall be placed in a separate fund. After deducting the amount necessary to cover overhead, the remaining fund shall be divided on a 50-50 basis. That when the practitioner returns from military service, the locum tenens shall refer all of his patients back to him. (Appendix B.)

(2) That all institutional, teaching and industrial appointments held by the practitioner at the time he enters military service shall be made available to him without loss of rights, seniority, or privileges when he returns from the service. Those individuals serving in such positions during the period of the emergency should feel that the acceptance of these vacancies is solely on a temporary basis.

APPENDIX A.

Dr. A. wishes to announce that because of the present emergency he is entering the military service of this country. During his absence his practice will be cared for by Dr. B. (address and telephone number). Dr. A.'s records will be available, during his absence, to Dr. B. at the request of his patients. Until his return it is suggested that Dr. A.'s patients will call Dr. B. should illness make this necessary.

APPENDIX B.

Dr. B. wishes to announce that Dr. A. has returned from military service and will resume his practice.

